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ABSTRACT

The National Household Education Survey (NHES) is a data collection system of the National Center for Education Statistics (NCES) designed to address a wide range of education-related issues. It is a telephone survey of the noninstitutionalized civilian population. In 1995, the NHES was designed to cover two topical components, Early Childhood Program Participation (ECPP) and Adult Education (AE). The ECPP component includes all children from birth through third grade. For the AE component, interviews were conducted with persons aged 16 and older and not enrolled in elementary or secondary school. About 45,500 households were screened for the two components, and 14,064 interviews were completed for the ECPP component and 19,722 for the AE component. This document contains the interviewer text for the: (1) NHES:95 basic screener interview; (2) the NHES ECPP interview; and (3) the NHES:95 AE interview. (Contains one table and two exhibits.) (SLD)

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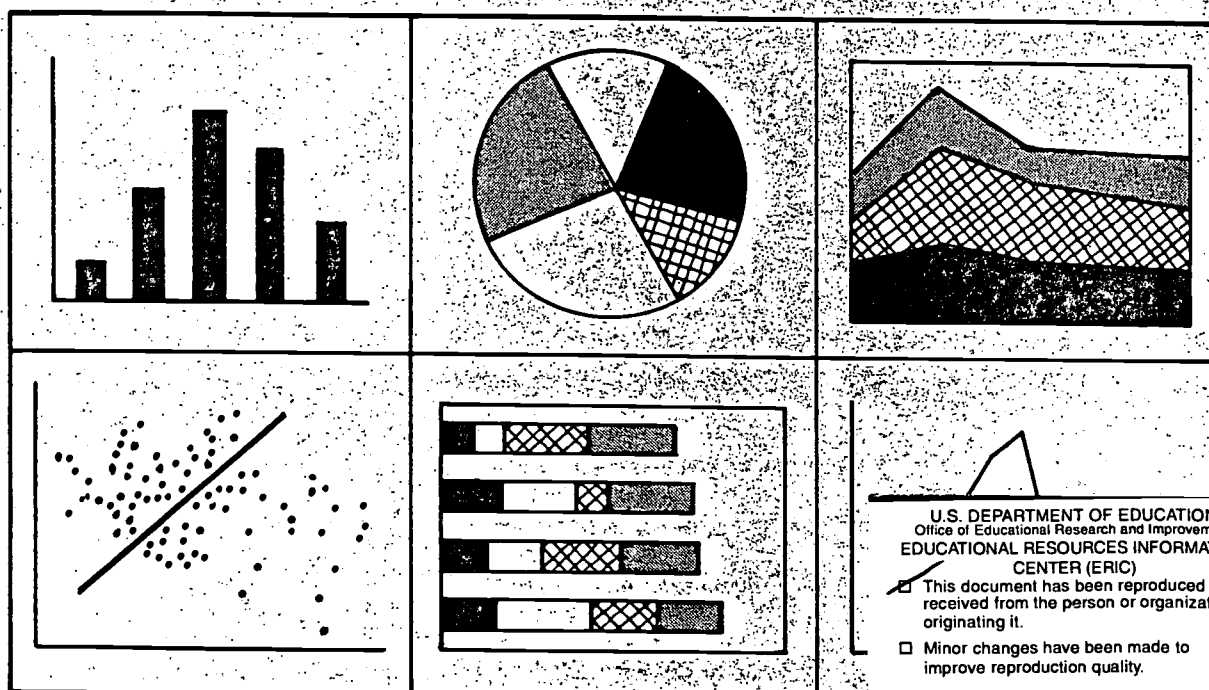
Working Paper Series

*1995 National Household Education Survey (NHES:95)
Questionnaires:*

*Screeners, Early Childhood Program Participation,
and Adult Education*

Working Paper No. 96-22

October 1996



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***1995 National Household Education Survey (NHES:95)
Questionnaires:***

***Screeners, Early Childhood Program Participation,
and Adult Education***

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October 1996

Foreword

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**1995 National Household Education Survey (NHES:95)
Questionnaires:**

**Screeners, Early Childhood Program Participation,
and Adult Education**

October 1996

Table of Contents

| <i>Section</i> | <i>Page</i> |
|--|--------------------|
| Foreword | iii |
| Overview of the 1995 National Household Education Survey (NHES:95) ... | 1 |
| NHES:95 Basic Screener | Basic Screener-1 |
| NHES:95 Early Childhood Program Participation Interview | ECPP-1 |
| A. Initial Background | ECPP-1 |
| B. Kindergarten History and Experience | ECPP-7 |
| C. Primary School History and Experience | ECPP-10 |
| D. Relative Care | ECPP-12 |
| E. Nonrelative Care | ECPP-17 |
| F. Head Start Programs | ECPP-22 |
| G. Center-Based Programs/Including School-Based Programs | ECPP-27 |
| H. Program Confirmation | ECPP-34 |
| I. Parent Preferences | ECPP-34 |
| J. Self-Care: Primary School Children Only | ECPP-35 |
| K. Program Continuity | ECPP-36 |
| L. Home Activities | ECPP-38 |
| M. Health and Disability | ECPP-39 |
| N. Parent/Guardian Characteristics: Mother Items | ECPP-42 |
| O. Parent/Guardian Characteristics: Father Items | ECPP-47 |
| P. Household Characteristics | ECPP-49 |
| NHES:95 Adult Education Interview | AE-1 |
| A. Initial Background | AE-1 |
| B. English as a Second Language | AE-4 |
| C. Basic Skills and GED Preparation | AE-12 |
| D. Credential | AE-21 |
| E. Apprenticeship | AE-27 |
| F. Career or Job Related Activities | AE-28 |
| G. Other Formal Structured Activities | AE-36 |
| H. Computer-Only or Interactive Video-Only Instruction on the Job | AE-40 |
| I. Remaining Background | AE-41 |
| J. Household Characteristics | AE-48 |

Overview of the 1995 National Household Education Survey (NHES:95)

The NHES:95 is designed to cover two topical components: **Early Childhood Program Participation (ECPP)** and **Adult Education (AE)**. Each of these components is related to one of the President's and Governors' National Education Goals. The ECPP component addresses issues of importance to Goal 1, "By the year 2000, all children in America will start school ready to learn." The AE component is associated with Goal 6, which states that "By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship." ECPP and AE were also addressed in a previous administration of the NHES in 1991. Based on that experience and on the recommendations of experts in the relevant fields, modifications to the components were made for the 1995 administration.

The NHES:95 is a cross-sectional telephone survey of households with data collection occurring in January through April of 1995. Households were sampled using list-assisted random digit dialing methods. About 45,500 households were screened to identify eligible respondents.

Target Populations and Sample Sizes

The **ECPP component** includes all children from birth through 3rd grade, up to age 10 (as of December 31, 1994). The parent or guardian who knows the most about the child's care and education were interviewed. Typically, the respondents to the ECPP interview were the mothers of the sampled children. Up to two children in each household were selected.

For the **AE component**, interviews were conducted with persons who were age 16 and older and not enrolled in elementary or secondary school. Adults who had not finished high school and persons identified as adult education participants at the screening stage were oversampled. In most households, only one adult was interviewed; two adults were sampled if one or more adults in the household were AE participants who had not completed high school. In order to examine methodological issues associated with the measurement of adult education participation, a brief interview replicating the NHES:91 items determining participation status was also conducted with a special sample of adults, called the **splice sample**.

Numbers of completed interviews for each component of the NHES:95 are shown in table 1.

Table 1. Number of completed interviews for the NHES:95

| Type of interview | Number of completed interviews |
|---|--------------------------------|
| Early Childhood Program Participation Interview | 14,064 |
| Adult Education Interview | 19,722 |
| Splice Sample Adult Education Interview | 3,569 |

Content of the NHES:95 Early Childhood Program Participation (ECPP) Component

The ECPP component focuses on children's participation in a range of care arrangements and program settings. It addresses nonparental care, that is care by persons other than the child's own parents or guardians. The ECPP interview contains three major "paths" or sets of questions that are appropriate to the three populations of interest: infants/toddlers (children age 0 to 2), preschoolers (those children age 3 and older who are not yet enrolled in kindergarten), and kindergartners and primary school students through third grade. While some items are different for kindergartners and primary students, their interview paths are largely the same.

Exhibit 1. NHES:95 Early Childhood Program Participation interview content by major path

| Infant/Toddler path | Preschooler path | Kindergarten and Primary School paths |
|--|--|--|
| Introductory information: birth date, race/ethnicity, child's language, household member relationships | Introductory information: birth date, race/ethnicity, child's language, household member relationships | Introductory information: birth date, race/ethnicity, child's language, household member relationships |
| | School status | School status |
| | | School history and experience |
| Relative care programs | Relative care programs | Relative care programs |
| Nonrelative care programs | Nonrelative care programs | Nonrelative care programs |
| | Head Start programs | Head Start programs (prior to kindergarten) |
| Center-based programs | Center-based programs | Centers for before/after school programs |
| Parent preferences | Parent preferences | Parent preferences |
| | | Self-care |
| Continuity of arrangements | Continuity of arrangements | Continuity of arrangements |
| Reading at home | Literacy activities | Literacy activities |
| Child health and disability | Child health and disability | Child health and disability |
| Parent/guardian characteristics | Parent/guardian characteristics | Parent/guardian characteristics |
| Household characteristics | Household characteristics | Household characteristics |

Content of the NHES:95 Adult Education (AE) Component

The NHES:95 AE component addresses participation in a wide variety of educational activities. These include programs to improve basic skills and obtain a high school equivalency certificate, English as a Second Language (ESL) courses, credential programs for certificates or degrees, apprenticeships, courses related to work, other formal structured courses taken for any reason, and computer-only or video-only instruction on the job. This broad view of adult education is designed to provide a comprehensive picture of the extent to which adults in the United States are participating in a wide range of educational activities. Within these types of education, participants were asked about topics such as the amount of time spent in programs or courses, costs associated with participation, employer support of participation, and motivations for taking the courses or programs.

Exhibit 2. NHES:95 Adult Education interview content by population

| Persons with less than high school or GED | Non-native speakers of English | All other adults |
|---|---|---|
| Background information: educational attainment, language origin, employment in the last 12 months | Background information: educational attainment, language origin, employment in the last 12 months | Background information: educational attainment, language origin, employment in the last 12 months |
| Adult basic education or GED preparation | Adult basic education or GED preparation (if h.s. diploma received in another country) | |
| | English as a Second Language | |
| Credential programs | Credential programs | Credential programs |
| Apprenticeship programs | Apprenticeship programs | Apprenticeship programs |
| Work-related education | Work-related education | Work-related education |
| Other formal structured courses | Other formal structured courses | Other formal structured courses |
| Computer-only or video-only instruction on the job | Computer-only or video-only instruction on the job | Computer-only or video-only instruction on the job |
| Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status | Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status | Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status |

NHES:95 Basic Screener

- S1. Hello, my name is (INTERVIEWER) and I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of both adults and children. These first questions usually take about 5 minutes. Are you a member of this household and at least 18 years old?

YES 1 (GO TO S5)
NO 2 (GO TO S2)
BUSINESS 3 (GO TO S5)
GO TO RESULT GT
RETRY AUTODIALER RT

- S2. May I please speak with a household member who is at least 18 years old?

AVAILABLE 1 (GO TO S1)
NOT AVAILABLE 2 (GO TO RESULT, CALLBACK APPT.)
THERE ARE NONE 3 (GO TO S3)
GO TO RESULT GT

- S3. May I please speak with the male or female head of this household?

PERSON ON PHONE 1 (GO TO S5)
OTHER PERSON, AVAILABLE 2 (GO TO S4)
OTHER PERSON, NOT AVAILABLE 3 (GO TO RESULT, CALLBACK APPT.)
GO TO RESULT GT

- S4. Hello, this is (INTERVIEWER) and I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of both adults and children. This study will help the Department of Education plan educational programs in the U.S. These first questions usually take about 5 minutes. Are you a head of this household?

YES 1 (GO TO S5)
NO 2 (GO TO S3)

GO TO RESULT GT

- S5. I would like to confirm that this number is for home use rather than only used for business. (Is this a home phone?)

HOME USE 1 (CONTINUE)
HOME AND BUSINESS USE 2 (CONTINUE)
BUSINESS USE ONLY 3 (GO TO THANK1)
GO TO RESULT GT

- S6. Starting with yourself, please tell me just the first names and ages of all people who normally live in your household. What is your first name, please?

[HOUSEHOLD MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HOUSEHOLD AS THEIR PRIMARY PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HOUSEHOLD BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR LIVING AT SCHOOL IN A DORMITORY, FRATERNITY, OR SORORITY.]

| | | | |
|--|-------------------------------------|--------------------------------|------------------------|
| What is [your first name/the first name of the next person?] | How old [are you/is (he/she)]? 2 | Is this person male or female? | SCREENER RESPONDENT |
| | AGE AGE1-AGE14 | SEX SEX1-SEX14 | |

- S6VERF1. [VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ON THE MATRIX.]
Have we missed anyone else who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

MATRIX CORRECT 1
RETURN TO MATRIX 2
GO TO RESULT 3

Ask S7-S10 for each person age 3-10 and age 16-19. If none, go to 2nd box after S10.

- S7. Is (PERSON) attending (school/nursery school, kindergarten, or school)?

YES 1 (GO TO BOX)
NO 2 (GO TO BOX)

Ask S8 for each person age 5-10. Else, if person is age 3 or 4 or age 16-19 and enrolled in school, go to S9. Else, if not enrolled in school, go to first box after S10.

- S8. (READ FIRST TIME: Some parents decide to educate their children at home rather than sending them to school.) Is (CHILD) being schooled at home?

YES 1 (GO TO S10)
NO 2 (GO TO BOX)

If person is enrolled in school, ask S9. Else go to 1st box after S10.

- S9. What grade or year is (PERSON) attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

| | | |
|---|----|-----------------------|
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART | N | (GO TO BOX AFTER S10) |
| TRANSITIONAL KINDERGARTEN (BEFORE K) | T | (GO TO BOX AFTER S10) |
| KINDERGARTEN | K | (GO TO BOX AFTER S10) |
| PREFIRST GRADE (AFTER K) | P | (GO TO BOX AFTER S10) |
| FIRST GRADE | 1 | (GO TO BOX AFTER S10) |
| SECOND GRADE | 2 | (GO TO BOX AFTER S10) |
| THIRD GRADE | 3 | (GO TO BOX AFTER S10) |
| FOURTH GRADE | 4 | (GO TO BOX AFTER S10) |
| FIFTH GRADE | 5 | (GO TO BOX AFTER S10) |
| SIXTH GRADE | 6 | (GO TO BOX AFTER S10) |
| SEVENTH GRADE | 7 | (GO TO BOX AFTER S10) |
| EIGHTH GRADE | 8 | (GO TO BOX AFTER S10) |
| NINTH GRADE/FRESHMAN IN HIGH SCHOOL | 9 | (GO TO BOX AFTER S10) |
| TENTH GRADE/SOPHOMORE IN HIGH SCHOOL | 10 | (GO TO BOX AFTER S10) |
| ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL | 11 | (GO TO BOX AFTER S10) |
| TWELFTH GRADE/SENIOR IN HIGH SCHOOL | 12 | (GO TO BOX AFTER S10) |
| UNGRADED ELEMENTARY/SECONDARY | U | (GO TO S10) |
| SPECIAL EDUCATION | S | (GO TO S10) |
| VOCATIONAL/TECHNICAL AFTER HIGH SCHOOL | 15 | (GO TO BOX AFTER S10) |
| COLLEGE (UNDERGRADUATE) | 16 | (GO TO BOX AFTER S10) |
| GRADUATE, PROFESSIONAL SCHOOL | 17 | (GO TO BOX AFTER S10) |

[IF T: In this interview, we will be referring to that as "kindergarten."

IF P: In this interview, we will be referring to that as "prefirst grade."]

- S10. What grade would (PERSON) be in if (he/she) were (attending school/attending a school with regular grades)?
[PROBE FOR T OR P: Is that before or after kindergarten?]

| | |
|---|----|
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART | N |
| TRANSITIONAL KINDERGARTEN (BEFORE K) | T |
| KINDERGARTEN | K |
| PREFIRST GRADE (AFTER K) | P |
| FIRST GRADE | 1 |
| SECOND GRADE | 2 |
| THIRD GRADE | 3 |
| FOURTH GRADE | 4 |
| FIFTH GRADE | 5 |
| SIXTH GRADE | 6 |
| SEVENTH GRADE | 7 |
| EIGHTH GRADE | 8 |
| NINTH GRADE/FRESHMAN IN HIGH SCHOOL | 9 |
| TENTH GRADE/SOPHOMORE IN HIGH SCHOOL | 10 |
| ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL | 11 |
| TWELFTH GRADE/SENIOR IN HIGH SCHOOL | 12 |
| UNGRADED/NO EQUIVALENT | U |
| VOCATIONAL/TECHNICAL AFTER HIGH SCHOOL | 15 |
| COLLEGE (UNDERGRADUATE) | 16 |
| GRADUATE, PROFESSIONAL SCHOOL | 17 |

[IF T: In this interview, we will be referring to that as "kindergarten."

IF P: In this interview, we will be referring to that as "prefirst grade."]

*Ask S7-S10 for next person age 3-10 or 16-19.
After last person, go to next box.*

*For splice sample, go to the sampling point.
Else, ask S11 and S12 for each person age 16 and older
who is not currently enrolled in grade 12 or below,
ungraded elementary or secondary, or special education.*

- S11. Now I have a few questions about [you/you and the other adult(s) in your household].
[Do you/Does (ADULT)] have a high school diploma or its equivalent, such as a GED?

YES 1
NO 2

- S12. During the past 12 months [did you/did (ADULT)] take classes, programs, courses,
workshops, or seminars of any kind for any reason?

YES 1
NO 2

After last adult, go to next box.

*Sampling Point:
Select children and adults for extended interviews.
If any children are selected, go to next box.
If adults only are selected, go to box after S14.
If no one is selected, go to THANK2.*

*Ask S13 and S14 for each sampled child.
If there is only 1 household member 12 years old or
older, autocode S13 to this adult.*

- S13. We would like to ask some questions about (CHILD'S) (care and) education. [IF SCREENER
RESPONDENT IS OBVIOUSLY CHILD'S MOTHER, INSTEAD OF READING QUESTION, VERIFY RELATIONSHIP
AND ENTER HER PERSON NUMBER.] Who is the parent or guardian in this household who knows
the most about (CHILD'S) (care and) education?
[DISPLAY HOUSEHOLD MEMBERS 12 AND OLDER.]

PERSON NUMBER ☐☐

- S14. What is [your/(CAREGIVER'S) relationship to (CHILD)?

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
BROTHER/SISTER 3
GRANDPARENT 4
OTHER RELATIVE 5
NONRELATIVE 6

Ask S15 for sampled adults other than the Screener respondent who are enrolled in college, graduate school, or vocational/technical school after high school and are age 16 to 19, or are age 20 to 25. For other sampled adults, go to S17.

S15. Is (ADULT) living there, in student housing, or somewhere else?

HERE 1 (GO TO S17)
STUDENT HOUSING [This includes all housing owned, sponsored, or leased by the school such as a dormitory or fraternity or sorority house.] . . . 2 (GO TO S16)
OTHER PRIVATE HOME OR APARTMENT 3 (INELIGIBLE)
INSTITUTION OR GROUP QUARTERS [THIS INCLUDES A JAIL OR DETENTION CENTER, MEDICAL FACILITY, REHABILITATION CENTER, MENTAL HEALTH FACILITY, MILITARY BARRACKS, OR GROUP FOSTER CARE.] . . . 4 (INELIGIBLE)

S16. Would you please give me (his/her) last name and telephone number so that we can call (him/her) to talk about (his/her) educational experiences?

LAST NAME _____
PHONE _____

S17. [Are you/Is (ADULT)] currently serving on active duty in the U.S. Armed Forces?
[DO NOT INCLUDE RESERVES OR NATIONAL GUARD.]

YES 1 (INELIGIBLE)
NO 2 (GO TO BOX)

Go to HHSELECT screen to select interview

THANK1. Thank you, but we are only interviewing in private residences.

THANK2. Thank you, but no one in your household has been selected for this study.

NHES:95 Early Childhood Program Participation Interview

INTRO.

[READ DISPLAY IF RESPONDENT WAS NOT SCREENER RESPONDENT:]

[Hello, this is (INTERVIEWER). I'm calling on behalf of the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of young children.]

I'd like to talk with you now about (CHILD). These questions usually take about (10 to 15/10) minutes.

A1.

[Before we begin, I'd like to confirm (his/her) age.] In what month and year was (CHILD) born?

CDOBMM
CDOBY

MONTH ()

YEAR ()

| | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH | 9 | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

*Calculate AGE94 = child's age on December 31, 1994.
Calculate current age for display in A2.*

A2.

That would mean that (CHILD) [is (AGE)/turns (AGE) this month]. Is that right?

*

YES 1 (GO TO A3)
NO 2 (RETURN TO A1)

If AGE94 = > 11, go to CLOSE1. Else, ask A3.

A3.

Is (CHILD)...

CRACE
CRACEOS/R

White, 1
Black, 2
American Indian or Alaska Native, 3
Asian or Pacific Islander, or 4
Another race? 91
What is that? _____

NOTE: Response categories shown in mixed cases (upper and lower) are read to the respondent by the interviewer. Those shown in all upper case are not read. Those shown in italics were added during data cleaning (i.e., additional codes were created from among the "specify" responses).

NOTE: In general, variables designated by /R appear on the restricted file only. However, some variables with this designation contained no responses and therefore were not included on the restricted file. Please consult the Proprietary Data File User's Guide for a specification of which variables were excluded from the file.

NOTE: Questions designated by * do not appear on any data file. They were used for administrative, verification, or coding purposes only.

A4. Is (he/she) of Hispanic origin?

CHISPANI YES 1
NO 2

If AGE94 = > 2, ask A5. Else, go to RELINTRO.

A5. What language does (CHILD) speak most at home?

CHLDLANG ENGLISH 1
CHDLAOS/R SPANISH 2
ANOTHER LANGUAGE 91
SPECIFY _____
CHILD DOESN'T SPEAK 3

RELINTRO. [NOT READ IF ONLY ONE ADULT IN THE HOUSEHOLD.]
Now I'd like to ask how the people in your household are related to (CHILD).

If the respondent is the child's mother/father, copy RESPRELN into RELATION and ask A7/A8, then ask A6 for every other household member. If respondent is not the child's mother/father, copy RESPRELN into RELATION and ask A6 for every other household member. Else, for Screener R, copy RESPRELN into RELATION.

A6. [FOR EACH HOUSEHOLD MEMBER EXCEPT RESPONDENT:]
How is (PERSON) related to (CHILD)?
[VERIFY IF KNOWN]

RELATN1-RELATN13 MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1 (GO TO A7)
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2 (GO TO A8)
BROTHERS AND SISTERS INCLUDING STEP,
ADOPTED, AND FOSTER 3 (GO TO 1ST BOX BEFORE A9)
GRANDPARENT 4 (GO TO 1ST BOX BEFORE A9)
OTHER RELATIVE 5 (GO TO 1ST BOX BEFORE A9)
NONRELATIVE 6 (GO TO 1ST BOX BEFORE A9)

A7. [Are you/Is (PERSON)] (CHILD'S)...

MOMTYPE Birth mother, 1
Adoptive mother, 2
Stepmother, or 3
Foster mother? 4

A8. [Are you/Is (PERSON)] (CHILD'S)...

DADTYPE

| | |
|----------------------------|---|
| Birth father, | 1 |
| Adoptive father, | 2 |
| Stepfather, or | 3 |
| Foster father? | 4 |

Set HHMOM:
1 = mother in household. 2 = no mom and no dad, female R. 3 = else.
Set HHDAD:
1 = father in household. 2 = no mom and no dad, male R. 3 = else.

Current School Status

If ECPP respondent was also the screener respondent, copy responses from the screener to A9, A10, A11, and A12 and follow the instructions below. Else, go to next box.

If A11 or A12 = 4 or 5, go to CLOSE1.
If A10 = 1 (home school), go to A13.
If AGE94 = < 2, go to 1st box after A19.
If AGE94 = 3 to 4 and A9 = 1 (enrolled), go to A19.
If AGE94 = 3 to 4 and A9 = 2 (not enrolled), go to 1st box after A19.
If AGE94 = > 5 and A9 = 1 (enrolled) and A10 = 2, (not in home school), go to A14.
If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to A14.
Else, if AGE94 = > 7 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to CLOSE1.

If AGE94 = > 3, ask A9. Else, go to 1st box after A19.

A9. Now I'd like to talk with you about (CHILD'S) school experiences. Is (CHILD) attending (school/nursery school, kindergarten, or school)?

ENROLL

| | | |
|---------------|---|-------------|
| YES | 1 | (GO TO BOX) |
| NO | 2 | (GO TO BOX) |

If AGE94 = > 5, ask A10.
If AGE94 = 3 to 4 and A9 = 1 (enrolled), go to A11.
Else, if AGE94 = 3 to 4 and A9 = 2 (not enrolled) go to 1st box after A19.

A10. Some parents decide to educate their children at home rather than sending them to school.
Is (CHILD) being schooled at home?

HOMESCHL

| | | |
|-----------|---|-------------|
| YES | 1 | (GO TO BOX) |
| NO | 2 | (GO TO BOX) |

If A10 = 1 (home school), go to A12.
If A9 = 1 (enrolled) and A10 = 2, (not in home school) ask
A11.
If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and
A10 = 2, (not in home school), go to A14.
Else, if AGE94 => 7 and A9 = 2 (not enrolled) and A10
= 2, (not in home school), go to CLOSE1.

A11. What grade or year is (CHILD) attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

GRADE

| | | |
|--|---|-----------------------|
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART .. | N | (GO TO BOX AFTER A12) |
| TRANSITIONAL KINDERGARTEN (BEFORE K) | T | (GO TO BOX AFTER A12) |
| KINDERGARTEN | K | (GO TO BOX AFTER A12) |
| PREFIRST GRADE (AFTER K) | P | (GO TO BOX AFTER A12) |
| FIRST GRADE | 1 | (GO TO BOX AFTER A12) |
| SECOND GRADE | 2 | (GO TO BOX AFTER A12) |
| THIRD GRADE | 3 | (GO TO BOX AFTER A12) |
| FOURTH GRADE | 4 | (GO TO CLOSE1) |
| FIFTH GRADE OR HIGHER | 5 | (GO TO CLOSE1) |
| UNGRADED | U | (GO TO A12) |
| SPECIAL EDUCATION | S | (GO TO A12) |

[IF T: In this interview we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

A12. What grade would (CHILD) be in if (he/she) were [attending school/attending a school with regular grades]?
[PROBE FOR T OR P: Is that before or after kindergarten?]

GRADEEQ

| | | |
|--|---|----------------|
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART .. | N | (GO TO BOX) |
| TRANSITIONAL KINDERGARTEN (BEFORE K) | T | (GO TO BOX) |
| KINDERGARTEN | K | (GO TO BOX) |
| PREFIRST GRADE (AFTER K) | P | (GO TO BOX) |
| FIRST GRADE | 1 | (GO TO BOX) |
| SECOND GRADE | 2 | (GO TO BOX) |
| THIRD GRADE | 3 | (GO TO BOX) |
| FOURTH GRADE | 4 | (GO TO CLOSE1) |
| FIFTH GRADE OR HIGHER | 5 | (GO TO CLOSE1) |
| UNGRADED, NO EQUIVALENT | U | (GO TO BOX) |

[IF T: In this interview we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

*If AGE94 = 3 to 4 and A9 = 1 (enrolled), go to A19.
If A10 = 1 (home school), ask A13.
Else, go to A14.*

A13. (I have a few more questions about (CHILD'S) schooling.) Has (CHILD) ever attended a public or private school other than home school?

EVRSCHL

YES 1 (GO TO BOX AFTER A14)
NO 2 (GO TO 1ST BOX AFTER A18)

A14. (I have a few more questions about (CHILD'S) schooling. I mentioned earlier that some parents decide to educate their children at home rather than sending them to school.) Since turning 5 years old, has (CHILD) ever been schooled at home instead of attending a public or private school?

EVRRHOME

YES 1 (GO TO BOX)
NO 2 (GO TO 1ST BOX AFTER A18)

If A13 = 1 (ever attended a school) or A14 = 1 (ever home schooled), ask A15. Else, go to 1st box after A18.

A15. (Now I would like to talk with you about each of the grades (CHILD) has ever attended. For each grade, I would like to know whether (he/she) went to a school or was home schooled for the whole grade, or whether (he/she) spent part of the grade in school and part being home schooled. Let's start with kindergarten.)

HOMEK

For kindergarten, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) [do both/spent part of kindergarten in school and part being home schooled]?

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3
DID NOT ATTEND KINDERGARTEN 4

If A11 or A12 = 1, 2, or 3 (grade/equivalent is first, second, or third), ask A16. Else, go to 1st box after A18.

A16. For first grade, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) (do/done) both?

HOME1

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3
DID NOT ATTEND FIRST GRADE 4

If A11 or A12 = 2 or 3 (grade/equivalent is second or third), ask A17. Else, go to 1st box after A18.

A17. For second grade, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) (do/done) both?

HOME2

| | |
|---------------------------------------|---|
| ONLY SCHOOL | 1 |
| ONLY HOME SCHOOL | 2 |
| BOTH | 3 |
| DID NOT ATTEND SECOND GRADE | 4 |

*If A11 or A12 = 3 (grade/equivalent is third), ask A18.
Else, go to 1st box after A18.*

A18. For third grade, has (CHILD) only gone to a school, has (he/she) only been home schooled, or has (he/she) done both?

HOME3

| | |
|----------------------------|---|
| ONLY SCHOOL | 1 |
| ONLY HOME SCHOOL | 2 |
| BOTH | 3 |

*If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and A10 = 2
(not in home school), go to 1st box after A19.
Else, go to next box.*

*If A10 = 1 (home school), go to first box after A19.
Else, ask A19.*

A19. What grade or year of school, if any, was (CHILD) attending one year ago, that is, in (MONTH) (YEAR)?

[PROBE FOR T OR P: Is that before or after kindergarten?]

[DISPLAY UP TO CURRENT GRADE ONLY]

LASTGRAD

| | |
|---|---|
| NOT ENROLLED LAST YEAR | 0 |
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART . . | N |
| TRANSITIONAL KINDERGARTEN (BEFORE K) | T |
| KINDERGARTEN | K |
| PREFIRST GRADE (AFTER K) | P |
| FIRST GRADE | 1 |
| SECOND GRADE | 2 |
| THIRD GRADE | 3 |
| UNGRADED | U |

Set ECPATH:

I = AGE94 = 0 to 2 (Infants/Toddlers)

N = AGE94 = > 3 and [(A11/A12 (grade/equivalent) = N) OR (A9 = 2 (not enrolled) and A10 NE 1 (not in home school))] (Preschoolers)
AGE94 = 3, 4, or 5, and A12 (grade equivalent) = U, and A10 NE 1 (not in home school) (Preschoolers)
AGE94 = > 5 and A10 = 1 and A11/A12 = N (Preschoolers)

K = A11/A12 (grade/equivalent) = T, K, P, and A10 NE 1 (not in home school) (Kindergartners)

S = A11/A12 (grade/equivalent) = 1, 2, 3, and A10 NE 1 (not in home school) (Primary)
AGE94 = > 6, and A12 (grade equivalent) = U, and A10 NE 1 (not in home school) (Primary)

H = AGE94 = > 5 and A10 = 1 (home school) and A11/A12 (grade/equivalent) NE N (Home schoolers)

*If ECPATH = I, N, or H, go to ECINTRO.
Else, if ECPATH = K or S, go to KINTRO.*

Kindergarten History and Experience

KINTRO. Now I'd like to talk with you about (CHILD'S) kindergarten experiences.

If A11 or A12 (grade or equivalent) = T or K, go to B2 and autocode B1 = 1. If A19 (grade last year) = T or K, go to B2 and autocode B1 = 1. If ECPATH = S and A15=4 (did not attend kindergarten), autocode B1 = 2 and go to PINTRO. Else, if A11 or A12 (grade or equivalent) = P or ECPATH = S, ask B1.

B1. Did (CHILD) attend kindergarten before (prefirst grade/first grade)?

ATNDKIND

YES 1
NO 2

*If ECPATH = S and (A15 = 2 or B1 = 2) (child was in home school for kindergarten or did not attend kindergarten), go to PINTRO.
If A11/A12 (grade/equivalent) = P and B1 = 2, (did not attend kindergarten), go to B3. Else, ask B2.*

B2. Most school districts have guidelines about when a child can start school based upon his or her birth date. Did you enroll (CHILD) in kindergarten when (he/she) was old enough based on (his/her) birth date, or did you wait until (he/she) was older?

KPWAIT WHEN OLD ENOUGH 1
 WAITED 2
 ENTERED EARLY 3

B3. How old was (CHILD) in years and months when (he/she) first started (kindergarten/prefirst grade)?

KPAGEYR
 KPAGEMO YEARS () MONTHS ()

| |
|---|
| <p><i>If ECPATH = K and A19 ne T, K, P (did not attend kindergarten last year), go to B6.</i> <i>If ECPATH = K and A19 = T, K, P (did attend kindergarten last year), go to B5. Else, if ECPATH = S, ask B4.</i></p> |
|---|

B4. Did (CHILD) attend one or two years of kindergarten?

KPYRS ONE 1 (GO TO B6)
 TWO 2 (GO TO B5)
 THREE OR MORE 3 (GO TO B5)

B5. When (CHILD) first started (kindergarten/prefirst grade), were you planning that (he/she) would attend (kindergarten for more than one year/both kindergarten and prefirst grade/prefirst grade for more than one year)?

KPPLAN YES 1
 NO 2

B6. (Does/Did) (CHILD) attend a public or private (kindergarten/prefirst grade)?
 [IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPPUBL PUBLIC 1 (GO TO B7)
 PRIVATE 2 (GO TO B8)

B7. (Is/Was) it (his/her) regularly assigned school or a school that you chose?
 [IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPCHOICE ASSIGNED 1 (GO TO B10)
 CHOSEN 2 (GO TO B10)
 ASSIGNED SCHOOL IS SCHOOL OF CHOICE 3 (GO TO B10)

B8. (Is/Was) the school church-related or not church-related?
 [IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPRELGON

CHURCH-RELATED 1 (GO TO B9)
 NOT CHURCH-RELATED 2 (GO TO B10)

B9. (Is/Was) it a Catholic school?
 [IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPRELTYP

YES 1
 NO 2

B10. (Does/Did) (CHILD) (currently) go to the (kindergarten/prefirst grade) program for a full-day, in the morning only, (or) in the afternoon only (, or in the morning for part of the year and in the afternoon for part of the year)?
 [IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPSCHED

FULL-DAY 1
 MORNING ONLY 2
 AFTERNOON ONLY 3
 [ECPATH = S] MORNING ONLY PART YEAR,
 AFTERNOON ONLY PART YEAR 4

*If ECPATH = S, go to PINTRO.
 Else, if ECPATH = K, ask B11.*

B11. How many days each week does (CHILD) attend (kindergarten/prefirst grade)?

KPDAYS

DAYS ☐

B12. How many hours each week does (CHILD) attend (kindergarten/prefirst grade)?

KPHRS

HOURS ☐

B13. Does that time (CHILD) spends in (kindergarten/prefirst grade) include a (kindergarten/prefirst grade) program only or does it also include before or after school child care?

KPONLY

KINDERGARTEN/PREFIRST GRADE ONLY 1 (GO TO BOX AFTER B14)
 KINDERGARTEN/PREFIRST GRADE PLUS CARE 2 (GO TO B14)

B14. How many of the (HOURS) hours each week are spent in the (kindergarten/prefirst grade) program itself?

KPKINHRS

HOURS ☐

If ECPATH = K, go to ECINTRO. Else, go to PINTRO.

PRIMARY SCHOOL HISTORY AND EXPERIENCE

PINTRO. Now let's talk about (CHILD'S) enrollment in elementary school.

If B3 = -1, (child did not attend kindergarten or prefirst grade), ask C1. Else, go to C2.

C1. How old was (CHILD) in years and months when (he/she) first started first grade?

PAGEYR YEARS () MONTHS ()
PAGEMO

C2. Does (CHILD) go to a public or private school?

PPUBL PUBLIC 1 (GO TO C3)
PRIVATE 2 (GO TO C4)

C3. Is that (his/her) regularly assigned school or a school that you chose?

PCHOICE ASSIGNED 1 (GO TO C6)
CHOSEN 2 (GO TO C6)
ASSIGNED SCHOOL IS SCHOOL OF CHOICE 3 (GO TO C6)

C4. Is the school church-related or not church-related?

PRELGN CHURCH-RELATED 1 (GO TO C5)
NOT CHURCH-RELATED 2 (GO TO C6)

C5. Is it a Catholic school?

PRELTYP YES 1
NO 2

C6. Does (CHILD) go to a school with a regular September-to-June school schedule?
[INCLUDES LATE AUGUST-TO-MAY ALSO.]

PSCHED YES 1 (GO TO C7)
NO 2 (GO TO C6OV)

C6OV. Does (he/she) go to a school with a year-round schedule or some other type of schedule?

PSCHEDYR YEAR-ROUND 1
PSCHEDOS/R OTHER 91
SPECIFY _____

C7. How many hours each week does (CHILD) attend (GRADE) grade?
[IF > 35, PROBE FOR SCHOOL DAY HOURS, NOT ADDITIONAL CARE/ACTIVITIES.]

PHRS HOURS ☐☐

C8. Compared to other children in (his/her) class, how would you say (CHILD) is doing in (his/her) schoolwork this year? Would you say (CHILD) is...

PWORK

Near the top of the class, 1
Above the middle of the class, 2
Around the middle, 3
Below the middle, or 4
Near the bottom of the class? 5

C9. Has (CHILD'S) teacher or school contacted you [or (CHILD'S) (OTHER PARENT/GUARDIAN)] about any behavior problems (he/she) is having in school this year?

PBEHAVE

YES 1
NO 2

C10. Has (his/her) teacher or school contacted you [or (CHILD'S) (OTHER PARENT/GUARDIAN)] about any problems (he/she) is having with schoolwork this year?

PSCHLWK

YES 1
NO 2

C11. Since starting first grade, has (CHILD) repeated any grades?

PREPEAT

YES 1 (GO TO C12)
NO 2 (GO TO ECINTRO)

C12. What grade or grades did (CHILD) repeat? [CODE ALL THAT APPLY]
[DISPLAY UP TO CURRENT GRADE ONLY.]

PREPEAT1
PREPEAT2
PREPEAT3

FIRST GRADE 1
SECOND GRADE 2
THIRD GRADE 3

Early Childhood Care & Programs

ECINTRO. I'd like to talk with you about all child care (CHILD) now receives on a regular basis from someone other than (you or) (his/her) parents (or guardians), and all (early childhood/before or after school) programs (CHILD) attends on a regular basis, whether or not there is a charge or fee. This does not include occasional babysitting or backup care providers.

Relative Care

D1. Is (CHILD) now receiving care from a relative on a regular basis (including care provided before or after school)? This may include grandparents, brothers and sisters, or any relatives other than (you or) (CHILD'S) parents (or guardians).

RCNOW

YES 1 (GO TO D3)
NO 2 (GO TO D2)

D2. Has (CHILD) ever received care from a relative on a regular basis?

RCEVER

YES 1 (GO TO D3)
NO 2 (GO TO E1)

D3. How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

RCAGEYR
RCAGEMO

YEARS () MONTHS ()

If D1 = 2, go to E1. Else, ask D4.

D4. Do you currently have more than one regular care arrangement with relatives for (CHILD)?

*

YES 1 (GO TO D4OV)
NO 2 (GO TO BOX AFTER D4OV)

D4OV. How many different regular care arrangements do you have with relatives?

RCARRNEW

[CODE 1 NOT USED]
TWO 2
THREE 3
FOUR 4

Ask D5 through D28OV for each relative who provides care for child.

NOTE: The variable RCARRNEW indicates the total number of relative arrangements reported, ranging from 1 to 4. This variable is a final count which took into consideration the answers to items D4, D4OV, D29, and after any corrections made at item H1.

D5. [Let's start with the relative who provides the most care./Now let's talk about the next relative who cares for (CHILD).]

RCTYPE1- [Is the relative who cares for (CHILD) (his/her).../Is that (CHILD'S)....]
RCTYPE4

| | | |
|--|---|--------------|
| Grandparent, | 1 | (GO TO D6) |
| Aunt, | 2 | (GO TO D6) |
| Uncle, | 3 | (GO TO D6) |
| Brother, | 4 | (GO TO D5OV) |
| Sister, or | 5 | (GO TO D5OV) |
| Another relative? | 6 | (GO TO D6) |
| NOW SAYS NO OTHER RELATIVE ARRANGEMENT | | |
| [DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] . . . | 9 | (GO TO E1) |

D5OV. How old is that brother or sister?

RCAGE1-RCAGE4 YEARS ☐☐

D6. Is that care provided in your home or another home?

| | | |
|--------------------------------------|---|------------|
| RCPLACE1- OWN HOME | 1 | (GO TO D7) |
| RCPLACE4 OTHER HOME | 2 | (GO TO D8) |
| BOTH/VARIES | 3 | (GO TO D8) |

D7. Does (CHILD'S) (RELATIVE) who provides this care live in your household?

| | | |
|-------------------------------|---|----------------------|
| RCINHH1- YES | 1 | (GO TO BOX AFTER D8) |
| RCINHH4 NO | 2 | (GO TO BOX AFTER D8) |

D8. How long does it take to go from (CHILD'S) home to (his/her) (RELATIVE'S) home? Would you say...

| | |
|---|---|
| RCTIME1- Less than 10 minutes, | 1 |
| RCTIME4 10 to 20 minutes, | 2 |
| 20 to 30 minutes, or | 3 |
| More than 30 minutes? | 4 |

| |
|--|
| <i>If ECPATH = K or S, ask D9. Else go to D11.</i> |
|--|

D9. Does (CHILD) receive that care on school days, weekends, or both?

| | | |
|---------------------------------------|---|-------------|
| RCWHEN1- SCHOOL DAYS | 1 | (GO TO D10) |
| RCWHEN4 WEEKENDS | 2 | (GO TO D11) |
| BOTH | 3 | (GO TO D10) |

D10. On school days, does (CHILD) receive that care before school, after school, or both?

| | |
|--|---|
| RCBFAFT1- BEFORE SCHOOL | 1 |
| RCBFAFT4 AFTER SCHOOL | 2 |
| BOTH | 3 |

D11. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

RCWEEK1- YES 1 (GO TO D13)
RCWEEK4 NO 2 (GO TO D12)

D12. Does (CHILD'S) (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

RCMONTH1- YES 1 (GO TO D15)
RCMONTH4 NO 2 (GO TO BOX BEFORE D29)

D13. How many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYS1- DAYS ☐
RCDAYS4

D14. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRS1- HOURS ☐☐
RCHRS4

If D13 = 1, go to D19. Else, go to D18.

D15. For how many weeks each month does (CHILD) receive care from (his/her) (RELATIVE)?

RCWKSMO1- WEEKS ☐
RCWKSMO4

D16. During (that week/those weeks), how many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYWK1- DAYS ☐
RCDAYWK4

D17. And during (that week/those weeks), how many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRSWK1- HOURS ☐☐ (GO TO D19)
RCHRSWK4

D18. On the days that (CHILD) receives care, that would be (HOURS) per day, on average. Is that right?

*

YES 1 (GO TO D19)
NO 2 (CORRECTION SCREEN)

D19. How many children are usually cared for together, in the same group at the same time, by (CHILD'S) (RELATIVE), counting (CHILD)?

RCKIDS1-
RCKIDS4

NUMBER ☐☐

D20. How many (adults/people) usually care for (CHILD) at the same time [at your home/at (his/her) (RELATIVE'S) home]?

RCADLTS1-
RCADLTS4

NUMBER ☐

D21. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

RCSTRYR1-
RCSTRYR4
RCSTRMM1-
RCSTRMM4

[(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY RELATIVE.]

YEARS () MONTHS ()

D22. What language does (CHILD'S) (RELATIVE) speak most when caring for (CHILD)?

RCSPEAK1-
RCSPEAK4
RCSPKOS1/R-
RCSPKOS4/R

ENGLISH 1
SPANISH 2
ANOTHER LANGUAGE 91
SPECIFY _____

D23. When (CHILD) is sick, does (his/her) (RELATIVE) still care for (him/her)?

RCSICK1-
RCSICK4

YES 1
NO 2

If D5 = 4 or 5 and D50V < 18 (relative caregiver is a sibling under age 18), go to D25. Else, ask D24.

D24. Has (CHILD'S) (RELATIVE) received education or training specifically related to young children, such as in early childhood education or child psychology?
[DO NOT PROBE.]

RCEDUC1-
RCEDUC4

YES 1
NO 2

D25. Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE), paid either by you or someone else?

RCFEE1-
RCFEE4

YES 1 (GO TO D26)
NO 2 (GO TO BOX AFTER D28)

D26. Do any of the following people or organizations help to pay for (CHILD'S) (RELATIVE) to care for (him/her)? How about ...

| | | YES | NO |
|---------------------------|---|-----|----|
| RCOUTH1- RCOUTH4 | a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care? | 1 | 2 |
| RCWEL1-RCWEL4 | b. A social service or welfare agency? | 1 | 2 |
| RCEMPL1-RCEMPL4 | c. An employer? | 1 | 2 |
| RCOTHER1-RCOTHER4 | d. Someone else? | 1 | 2 |
| RCOTHOS1/R- RCOTHOS4/R | Who is that? _____ | | |

D27. How much does your household pay for (CHILD'S) (RELATIVE) to care for (him/her)?
[IF NOTHING, ENTER ZERO.]

| | |
|---------------------------|-----------------------|
| RCCOST1-RCCOST4 | \$□□□□.□□ |
| RCUNIT1-RCUNIT4 | UNIT: |
| RCCSTOS1/R- RCCSTOS4/R | PER HOUR 1 |
| | PER DAY 2 |
| | PER WEEK 3 |
| | PER MONTH 4 |
| | PER YEAR 5 |
| | OTHER 91 |
| | SPECIFY _____ |

If D27 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box after D28OV.
Else, ask D28.

D28. Is this amount for (CHILD) only or does it include other children in your household?

| | | | |
|---------------------|------------------------------|---|-------------------------|
| RCSTHH1- RCSTHH4 | CHILD ONLY | 1 | (GO TO BOX AFTER D28OV) |
| | CHILD AND OTHER(S) | 2 | (GO TO D28OV) |

D28OV. How many children is this amount for, including (CHILD)?

| | | |
|---------------------|------------------|---|
| RCSTHN1- RCSTHN4 | NUMBER | □ |
|---------------------|------------------|---|

If D4 = 2, (one relative arrangement), ask D29.
Else, if D4OV = > 2 (more than one relative arrangement),
return to D5 until the number of arrangements in D4OV are
completed, then ask D29.

D29. Does (CHILD) have another care arrangement with a relative on a regular basis?

| | | | |
|---|---------------|---|------------|
| * | YES | 1 | (GO TO D5) |
| | NO | 2 | (GO TO E1) |

Nonrelative Care

E1. Now I'd like to ask you about any care (CHILD) receives from nonrelatives in a private home. This includes care by home child care providers, regular sitters, or neighbors, but does not include Head Start, day care centers, nursery schools, or preschools.

Is (CHILD) now receiving care in a private home on a regular basis from someone who is not related to (him/her) (including care provided before or after school)?

NCNOW

YES 1 (GO TO E3)
NO 2 (GO TO E2)

E2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

NCEVER

YES 1 (GO TO E3)
NO 2 (GO TO BOX BEFORE F1)

E3. How old was (CHILD) in years and months when (he/she) first received regular care in a private home from any nonrelative?

NCAGEYR

NCAGEMO

YEARS () MONTHS ()

If E1 = 2, go to box before F1. Else, ask E4.

E4. Do you currently have more than one regular care arrangement with a nonrelative for (CHILD)?

*

YES 1 (GO TO E4OV)
NO 2 (GO TO BOX AFTER E4OV)

E4OV. How many different regular care arrangements do you have with nonrelatives?

NCARRNEW

[CODE 1 NOT USED]
TWO 2
THREE 3
FOUR 4

Ask E5 through E28OV for each nonrelative who cares for child.

NOTE: The variable NCARRNEW indicates the total number of nonrelative arrangements reported, ranging from 1 to 4. This variable is a final count which took into consideration the answers to items E4, E4OV, E29, and any corrections made at item H1.

E5. [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.] Is that care provided in your own home or in another home?

NCPLACE1-
NCPLACE4

OWN HOME 1 (GO TO E6)
OTHER HOME 2 (GO TO E7)
BOTH/VARIES 3 (GO TO E7)
NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] . . . 9 (GO TO F1)

E6. Does this person who cares for (CHILD) live in your household?

NCINHH1-
NCINHH4

YES 1 (GO TO BOX AFTER E7)
NO 2 (GO TO BOX AFTER E7)

E7. How long does it take to go from (CHILD'S) home to that person's home? Would you say...

NCTIME1-
NCTIME4

Less than 10 minutes, 1
10 to 20 minutes, 2
20 to 30 minutes, or 3
More than 30 minutes? 4

If ECPATH = K or S, ask E8. Else, go to E10.

E8. Does (CHILD) receive that care on school days, weekends, or both?

NCWHEN1-
NCWHEN4

SCHOOL DAYS 1 (GO TO E9)
WEEKENDS 2 (GO TO E10)
BOTH 3 (GO TO E9)

E9. On school days, does (CHILD) receive that care before school, after school, or both?

NCBFAFT1-
NCBFAFT4

BEFORE SCHOOL 1
AFTER SCHOOL 2
BOTH 3

E10. Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

NCWEEK1-
NCWEEK4

YES 1 (GO TO E12)
NO 2 (GO TO E11)

E11. Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

NCMONTH1-
NCMONTH4

YES 1 (GO TO E14)
NO 2 (GO TO BOX BEFORE E29)

E12. How many days each week does (CHILD) receive care from that person?

**NCDAYS1-
NCDAYS4** DAYS ☐

E13. How many hours each week does (CHILD) receive care from that person?

NCHRS1-NCHRS4 HOURS ☐☐

If E12 = 1, go to E18. Else, go to E17.

E14. For how many weeks each month does (CHILD) receive care from that person?

**NCWKSMO1-
NCWKSMO4** WEEKS ☐

E15. During (that week/those weeks), how many days each week does (CHILD) receive care from that person?

**NCDAYWK1-
NCDAYWK4** DAYS ☐

E16. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

**NCHRSWK1-
NCHRSWK4** HOURS ☐☐ (GO TO E18)

E17. On the days that (CHILD) receives care, that would be (HOURS) per day, on average. Is that right?

*

YES 1 (GO TO E18)
NO 2 (CORRECTION SCREEN)

E18. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)?

**NCKIDS1-
NCKIDS4** NUMBER ☐☐

E19. How many adults usually care for (CHILD) at the same time [at (your/that) home]?

**NCADLTS1-
NCADLTS4** NUMBER ☐

E20. How old was (CHILD) in years and months when this particular regular care arrangement with that person began?

NCSTRYR1-
NCSTRYR4 [(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY NONRELATIVE.]
NCSTRMM1-
NCSTRMM4 YEARS () MONTHS ()

E21. How did you learn about this person as a care provider for (CHILD)?
[CODE ALL THAT APPLY.]

| | | |
|-------------------------------------|--|----|
| NCFRIEN1-NCFRIEN4 | FRIENDS/NEIGHBORS/RELATIVES/COWORKERS | 1 |
| NC1PEMPL-NC4PEMPL | PLACE OF EMPLOYMENT | 2 |
| NCSCHL1-NCSCHL4 | PUBLIC OR PRIVATE SCHOOL | 3 |
| NCCHURC1-NCCHURC4 | CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP | 4 |
| NCSOCWK1-NCSOCWK4 | WELFARE OR SOCIAL SERVICE CASEWORKERS | 5 |
| NCADS1-NCADS4 | NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES | 6 |
| NCAGENC1-NCAGENC4 | RESOURCE AND REFERRAL (R&R) AGENCY | 7 |
| NCKNEW1-NCKNEW4 | R ALREADY KNEW PROVIDER | 8 |
| NCCHILD1-NCCHILD4 | PROVIDER CARED FOR ANOTHER CHILD OF R'S | 9 |
| NCREFER1-NCREFER4 | REFERENCE MATERIALS | 10 |
| NCBULLE1-NCBULLE4 | PUBLIC BULLETIN BOARDS/FLYERS | 11 |
| NCSOURC1-NCSOURC4 | OTHER | 91 |
| NCSRCOS1/R-NCSRCOS4/R SPECIFY _____ | | |

E22. What language does (CHILD'S) care provider speak most when caring for (CHILD)?

| | | |
|-----------------------|----------------------------|----|
| NCSPKOS1-NCSPKOS4 | ENGLISH | 1 |
| NCSPKOS1/R-NCSPKOS4/R | SPANISH | 2 |
| | ANOTHER LANGUAGE | 91 |
| SPECIFY _____ | | |

E23. When (CHILD) is sick, does that person still care for (him/her)?

| | | |
|-----------------|---------------|---|
| NCSICK1-NCSICK4 | YES | 1 |
| | NO | 2 |

E24. Has (CHILD'S) care provider received education or training specifically related to young children, such as in early childhood education or child psychology?
[DO NOT PROBE.]

| | | |
|-----------------|---------------|---|
| NCEDUC1-NCEDUC4 | YES | 1 |
| | NO | 2 |

E25. Is there any charge or fee for the care (CHILD) receives from this person, paid either by you or someone else?

| | | | |
|---------------|---------------|---|-------------------------|
| NCFEE1-NCFEE4 | YES | 1 | (GO TO E26) |
| | NO | 2 | (GO TO BOX AFTER E28OV) |

E26. Do any of the following people or organizations help to pay for this care provider to care for (CHILD)? How about...

| | | YES | NO |
|-----------------------------------|---|-----|----|
| NCREL1- NCREL4 | a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that care? | 1 | 2 |
| NCWELF1-NCWELF4 | b. A social service or welfare agency? | 1 | 2 |
| NCEMPL1-NCEMPL4 | c. An employer? | 1 | 2 |
| NCOTHER1-NCOTHER4 | d. Someone else? | 1 | 2 |
| NCOTHOS1/R- NCOTHOS4/R | Who is that? _____ | | |

E27. How much does your household pay this person to care for (CHILD)?
[IF NONE, ENTER ZERO.]

| | |
|-----------------------------------|-----------------------|
| NCCOST1-NCCOST4 | \$□□□□.□□ |
| NCUNIT1-NCUNIT4 | UNIT: |
| NCCSTOS1/R- NCCSTOS4/R | PER HOUR 1 |
| | PER DAY 2 |
| | PER WEEK 3 |
| | PER MONTH 4 |
| | PER YEAR 5 |
| | OTHER 91 |
| | SPECIFY _____ |

If E27 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box after E28OV.
Else, ask E28.

E28. Is this amount for (CHILD) only or does it include other children in your household?

| | | | |
|-----------------------------|------------------------------|---|-------------------------|
| NCSTHH1- NCSTHH4 | CHILD ONLY | 1 | (GO TO BOX AFTER E28OV) |
| | CHILD AND OTHER(S) | 2 | (GO TO E28OV) |

E28OV. How many children is this amount for, including (CHILD)?

| | |
|------------------------|--------------------|
| NCSTHN1-NCSTHN4 | NUMBER □ |
|------------------------|--------------------|

If E4 = 2, (one nonrelative arrangement), ask E29. Else, if E4OV = > 2 (more than one nonrelative arrangement), return to E5 until the number of arrangements in E4OV are completed, then ask E29.

E29. Does (CHILD) have another care arrangement in a private home with a nonrelative on a regular basis?

*

| | | |
|---------------|---|-----------------------|
| YES | 1 | (GO TO E5) |
| NO | 2 | (GO TO BOX BEFORE F1) |

Head Start Programs

*If ECPATH = I, go to box before G1.
If ECPATH = K, S, H, go to F2.
Else, if ECPATH=N, ask F1.*

F1. Is (CHILD) now attending Head Start?

HSNOW YES 1 (GO TO F3)
NO 2 (GO TO F2)

F2. Has (CHILD) ever attended Head Start?

HSEVER YES 1 (GO TO F3)
NO 2 (GO TO BOX AFTER F3)

F3. How old was (CHILD) in years and months when (he/she) first attended any Head Start program?

HSAGEYR YEARS () MONTHS ()
HSAGEMO

If F1 = 1, go to F4. Else, go to box before G1.

F4. Where is the Head Start program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

HSPLACE

YOUR HOME 1 (GO TO F6)
ANOTHER HOME 2 (GO TO F6)
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP . 3 (GO TO F5)
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL . 4 (GO TO F5)
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 5 (GO TO F5)
A COLLEGE OR UNIVERSITY 6 (GO TO F5)
A COMMUNITY CENTER 7 (GO TO F5)
A PUBLIC LIBRARY 8 (GO TO F5)
ITS OWN BUILDING 9 (GO TO F5)
MORE THAN ONE PLACE 10 (GO TO F4OV)
SOME OTHER PLACE 91 (GO TO F4OV)

F4OV. (Where is that?/What are those places?)

HSPLACOS/R [LIST ALL PLACES.] _____

F5. (Is that/Are any of those places) also the location of your job [or (his/her) OTHER PARENT'S job]?

HSWORK YES 1
NO 2

F6. Is that Head Start program a public or private program?

HSPUBL PUBLIC 1
PRIVATE 2

F7. Is that Head Start program run by a government agency, such as your local school district?

HSGOVT YES 1
NO 2

If F4 = 1 (program in own home) go to F9. Else, ask F8.

F8. How long does it take to go from (CHILD'S) home to the Head Start program? Would you say...

HSTIME Less than 10 minutes, 1
10 to 20 minutes, 2
20 to 30 minutes, or 3
More than 30 minutes? 4

F9. On the days that (CHILD) goes to Head Start, does (he/she) go for a full-day or part-day program?

HSTYPE FULL-DAY 1
PART-DAY 2

F10. Does (CHILD) go to the Head Start program on a regularly scheduled basis at least once each week?

HSWEEK YES 1 (GO TO F12)
NO 2 (GO TO F11)

F11. Does (CHILD) go to the Head Start program on some other regularly scheduled basis, at least once each month?

HSMONTH YES 1 (GO TO F14)
NO 2 (GO TO BOX BEFORE G1)

F12. How many days each week does (CHILD) go to the Head Start program?

HSDAYS DAYS ☐

F13. How many hours each week does (CHILD) go to the Head Start program?

HSHRS HOURS ☐☐

If F12 = 1, go to F18. Else, go to F17.

F14. For how many weeks each month does (CHILD) go to the Head Start program?

HSWKSMO WEEKS ☐

F15. During (that week/those weeks), how many days each week does (CHILD) go to the Head Start program?

HSDAYSWK DAYS ☐

F16. And during (that week/those weeks), how many hours each week does (CHILD) go to the Head Start program?

HSHRSWK HOURS ☐☐ (GO TO F18)

F17. On the days that (CHILD) goes to Head Start, that would be (HOURS) per day, on average. Is that right?

*

YES 1 (GO TO F18)
NO 2 (CORRECTION SCREEN)

F18. Does the time (CHILD) spends at Head Start include the Head Start program only, or does it also include child care before or after the program?

HSONLY

HEAD START ONLY 1 (GO TO F20)
HEAD START AND CHILD CARE 2 (GO TO F19)

F19. How many of the (HOURS) hours each week are spent in the Head Start program itself?

HSHRSONL HOURS ☐☐

F20. How many children are usually in (CHILD'S) room or group, at the same time, at the Head Start program, counting (CHILD)?

HSKIDS

NUMBER ☐☐

F21. How many adults are usually in (CHILD'S) room or group, at the same time, at the Head Start program?

HSADLTS

NUMBER ☐☐

F22. How old was (CHILD) in years and months when (he/she) started going to this particular Head Start program?

[(CHILD) WAS __ YEARS AND __ MONTHS OLD WHEN FIRST ATTENDED ANY HEAD START PROGRAM.]

HSSTRTYR YEARS () MONTHS ()
HSSTRTMO

F23. How did you learn about this Head Start program for (CHILD)? [CODE ALL THAT APPLY.]

| | | |
|-------------------|--|----|
| HSFRIEND | FRIENDS/NEIGHBORS/RELATIVES/COWORKERS | 1 |
| HSPLEMP | PLACE OF EMPLOYMENT | 2 |
| HSSCHOOL | PUBLIC OR PRIVATE SCHOOL | 3 |
| HSCHURCH | CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP | 4 |
| HSSOCWKR | WELFARE OR SOCIAL SERVICE CASEWORKERS | 5 |
| HSADS | NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES | 6 |
| HSAGENCY | RESOURCE AND REFERRAL (R&R) AGENCY | 7 |
| HSKNEW | R ALREADY KNEW PROVIDER | 8 |
| HSCHILD | ATTENDED BY ANOTHER CHILD OF R'S | 9 |
| HSREFER | REFERENCE MATERIALS | 10 |
| HSBULLET | PUBLIC BULLETIN BOARDS/FLYERS | 11 |
| HSSOURCE | OTHER | 91 |
| HSSOUROS/R | SPECIFY _____ | |

F24. What language does (CHILD'S) Head Start teacher speak most with (him/her)?

| | | |
|-------------------|----------------------------|----|
| HSSPEAK | ENGLISH | 1 |
| HSSPEAOS/R | SPANISH | 2 |
| | ANOTHER LANGUAGE | 91 |
| | SPECIFY _____ | |

F25. Has (CHILD'S) Head Start teacher received education or training specifically related to young children, such as in early childhood education or child psychology?
[DO NOT PROBE.]

| | | |
|---------------|---------------|---|
| HSEDUC | YES | 1 |
| | NO | 2 |

F26. Does that Head Start program encourage parents to contribute a certain number of hours each week or month?

| | | |
|-----------------|---------------|---|
| HSPARHRS | YES | 1 |
| | NO | 2 |

F27. Have you (or another adult in your household) worked at (CHILD'S) Head Start program in the last month, that is, since (MONTH) (DAY)?

| | | |
|-----------------|---------------|---|
| HSPARWRK | YES | 1 |
| | NO | 2 |

F28. Does the Head Start program have a parent advisory group or policy council?

| | | |
|-----------------|---------------|---|
| HSPARADV | YES | 1 |
| | NO | 2 |

F29. Does the Head Start program provide any of the following services to (CHILD) or your family?

| | | YES | NO |
|-----------------|--|-----|----|
| HSTEST | a. Hearing, speech, or vision testing? | 1 | 2 |
| HSPHYSEX | b. Physical examinations? | 1 | 2 |
| HSDENTAL | c. Dental examinations? | 1 | 2 |
| HSDISABL | d. Formal testing for developmental or learning problems? | 1 | 2 |
| HSSICK | e. Sick child care? | 1 | 2 |

F30. Is there any charge or fee for the Head Start program, paid either by you or someone else?

| | | | |
|--------------|---------------|---|-----------------------|
| HSFEE | YES | 1 | (GO TO F31) |
| | NO | 2 | (GO TO BOX BEFORE G1) |

F31. Do any of the following people or organizations help to pay for (CHILD) to go to Head Start?
How about ...

| | | YES | NO |
|-------------------|--|-----|----|
| HSREL | a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for the Head Start program? | 1 | 2 |
| HSWELF | b. A social service or welfare agency? | 1 | 2 |
| HSEMP | c. An employer? | 1 | 2 |
| HSOTHER | d. Someone else? | 1 | 2 |
| HSOTHEOS/R | Who is that? _____ | | |

F32. How much does your household pay for (CHILD) to go to the Head Start program?
[IF NOTHING, ENTER ZERO.]

| | |
|-------------------|-----------------------|
| HSCOST | \$□□□□.□□ |
| HSUNIT | UNIT: |
| HSCOSTOS/R | PER HOUR 1 |
| | PER DAY 2 |
| | PER WEEK 3 |
| | PER MONTH 4 |
| | PER YEAR 5 |
| | OTHER 91 |
| | SPECIFY _____ |

*If F32 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box before G1.
Else, ask F33.*

F33. Is this amount for (CHILD) only or does it include other children in your household?

| | | | |
|-----------------|------------------------------|---|-----------------------|
| HSCOSTHH | CHILD ONLY | 1 | (GO TO BOX BEFORE G1) |
| | CHILD AND OTHER(S) | 2 | (GO TO F33OV) |

F330V. How many children is this amount for, including (CHILD)?

HSCOSTHN NUMBER ☐

CENTER-BASED PROGRAMS/INCLUDING SCHOOL-BASED PROGRAMS

*If ECPATH = I, N, ask G1.
Else, if ECPATH = K, S, or H, go to G5.*

G1. (Not including the Head Start program,) Is (CHILD) now attending a day care center, nursery school, preschool, or prekindergarten?

CPNNOW

YES 1 (GO TO G3)
NO 2 (GO TO G2)

G2. Has (CHILD) ever gone to a day care center, nursery school, preschool, or prekindergarten (other than Head Start)?

CPNEVER

YES 1 (GO TO G3)
NO 2 (GO TO BOX BEFORE H1)

G3. How old was (CHILD) in years and months when (he/she) first went to any day care center, nursery school, preschool, or prekindergarten (other than Head Start)?

CPNAGEYR
CPNAGEMO

YEARS () MONTHS ()

If G1 = 2, go to box before H1. Else, ask G4.

G4. (Not including Head Start,) How many different day care centers, nursery schools, preschools, or prekindergartens does (CHILD) currently go to?

CPARRNEW

NUMBER ☐ (GO TO BOX AFTER G9)

G5. Is (CHILD) now attending a day care center or a before or after school program at a school or in a center?

CPSNOW [IF B13 = 2, THEN G5 SHOULD = 1.]

YES 1 (GO TO G7)
NO 2 (GO TO G6)

G6. Has (CHILD) ever attended a day care center, nursery school, preschool, prekindergarten, or before or after school program at a school or in a center?

CPSEVER

YES 1 (GO TO G7)
NO 2 (GO TO BOX BEFORE H1)

NOTE: The variable CPARRNEW indicates the total number of center-based arrangements reported, ranging from 1 to 3. This variable is a final count that took into consideration the answers to items G4, G41, and any corrections at item H1.

G7. How old was (CHILD) in years and months when (he/she) first attended any day care center, nursery school, preschool, prekindergarten, or before or after school program?

CPSAGEYR
CPSAGEMO

YEARS () MONTHS ()

G8. That would mean that (CHILD attended (his/her) first program (before/after) (he/she) started (kindergarten/first grade), is that right?

*

YES 1 (GO TO BOX)
NO 2 (CORRECTION SCREEN)

If G5 = 2, go to box before H1. Else, ask G9.

G9. How many different day care centers or before or after school programs does (CHILD) currently go to?

CPARRNEW

NUMBER ☐

Ask G10 through G400V for each program.

G10. (Let's start with the program where (CHILD) spends the most time./Let's talk about the next program). Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

CPPLACE1-
CPPLACE3

YOUR HOME 1 (GO TO G13)
ANOTHER HOME 2 (GO TO G13)
A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP . 3 (GO TO G12)
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL . 4 (GO TO BOX BEFORE G11)
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 5 (GO TO BOX BEFORE G11)
A COLLEGE OR UNIVERSITY 6 (GO TO G12)
A COMMUNITY CENTER 7 (GO TO G12)
A PUBLIC LIBRARY 8 (GO TO G12)
ITS OWN BUILDING 9 (GO TO G12)
MORE THAN ONE PLACE 10 (GO TO G100V)
SOME OTHER PLACE 91 (GO TO G100V)
NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] . . 11 (GO TO BOX BEFORE H1)

G100V. (Where is that?/What are those places?)

[LIST ALL PLACES.] _____

CPPLCOS1/R-CPPLCOS3/R

*If G10 = 4 and [(ECPATH = K and B6 = 1) or (ECPATH = S and C2 = 1)] (enrolled in public school) ask G11.
If G10 = 5 and [(ECPATH = K and B6 = 2) or (ECPATH = S and C2 = 2)] (enrolled in private school) ask G11. Else, go to G12.*

NOTE: The variable CPARRNEW indicates the total number of center-based arrangements reported, ranging from 1 to 3. This variable is a final count that took into consideration the answers to items G9, G41, and any corrections at item H1.

G11. Is that the school where (CHILD) attends [kindergarten/(GRADE) grade]?

CPPLACK1- YES 1
CPPLACK3 NO 2

G12. (Is that/Are any of those places) also the location of your job [or (his/her) OTHER PARENT'S job]?

CPWORK1- YES 1
CPWORK3 NO 2

G13. Is that a public or private program?

CPPUBL1- PUBLIC 1
CPPUBL3 PRIVATE 2

G14. Is that program run by a government agency, such as your local school district?

CPGOVT1- YES 1
CPGOVT3 NO 2

*If G10 = 1 (program is located in own home), go to box
before G16. Else, ask G15.*

G15. How long does it take to go from (CHILD'S) home to that program? Would you say...

CPTIME1- Less than 10 minutes, 1
CPTIME3 10 to 20 minutes, 2
20 to 30 minutes, or 3
More than 30 minutes? 4

*If ECPATH = I, N, or H ask G16.
Else, go to box after G16.*

G16. On the days that (CHILD) goes to that program, does (he/she) go for a full-day or part-day program?

CPSCHED1- FULL-DAY 1
CPSCHED3 PART-DAY 2

If ECPATH = K or S, ask G17. Else, go to G19.

G17. Does (CHILD) go to that program on school days, weekends, or both?

CPWHEN1- SCHOOL DAYS 1 (GO TO G18)
CPWHEN3 WEEKENDS 2 (GO TO G19)
BOTH 3 (GO TO G18)

G18. On school days, does (CHILD) go to that program before school, after school, or both?

CPBFAFT1- BEFORE SCHOOL 1
CPBFAFT3 AFTER SCHOOL 2
BOTH 3

G19. Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

CPWEEK1- YES 1 (GO TO G21)
CPWEEK3 NO 2 (GO TO G20)

G20. Does (CHILD) go to that program on some other regularly scheduled basis, at least once each month?

CPMONTH1- YES 1 (GO TO G23)
CPMONTH3 NO 2 (GO TO BOX BEFORE G41)

G21. How many days each week does (CHILD) go to that program?

CPDAYS1- DAYS ☐
CPDAYS3

G22. (Other than regular school hours, how/How) many hours each week does (CHILD) go to that program?

CPHRS1- HOURS ☐☐
CPHRS3

If G21 = 1, go to G27. Else, ask G26.

G23. For how many weeks each month does (CHILD) go to that program?

CPWKSM01- WEEKS ☐
CPWKSM03

G24. During (that week/those weeks), how many days each week does (CHILD) go to that program?

CPDAYWK1- DAYS ☐
CPDAYWK3

G25. And during (that week/those weeks), how many hours each week does (CHILD) go to that program?

CPHRSWK1- HOURS ☐☐ (GO TO G27)
CPHRSWK3

G26. On the days that (CHILD) goes to the program, that would be (HOURS) per day, on average. Is that right?

*

YES 1 (GO TO G27)
NO 2 (CORRECTION SCREEN)

G27. How many children are usually in (CHILD'S) room or group, at the same time, at that program, counting (CHILD)?

CPKIDS1-
CPKIDS3

NUMBER □□

G28. How many adults are usually in (CHILD'S) room or group, at the same time, at that program?

CPADLTS1-
CPADLTS3

NUMBER □□

G29. How old was (CHILD) in years and months when (he/she) started going to this particular program?

CPSTRYR1-
CPSTRYR3
CPSTRMM1-
CPSTRMM3

[(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST ATTENDED ANY CENTER OR PROGRAM.]

YEARS () MONTHS ()

G30. How did you learn about that program for (CHILD)?
[CODE ALL THAT APPLY.]

CPFRIEN1-CPFRIEN3 FRIENDS/NEIGHBORS/RELATIVES/COWORKERS 1
CPLEML1-CPLEML3 PLACE OF EMPLOYMENT 2
CPSCHL1-CPSCHL3 PUBLIC OR PRIVATE SCHOOL 3
CPCHURC1-CPCHURC3 CHURCH SYNAGOGUE, OR OTHER PLACE OF WORSHIP ... 4
CPSOCWK1-CPSOCWK3 WELFARE OR SOCIAL SERVICE CASEWORKERS 5
CPADS1-CPADS3 NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES 6
CPAGENC1-CPAGENC3 RESOURCE AND REFERRAL (R&R) AGENCY 7
CPKNEW1-CPKNEW3 R ALREADY KNEW PROVIDER 8
CPCHILD1-CPCHILD3 ATTENDED BY ANOTHER CHILD OF R'S 9
CPREFER1-CPREFER3 REFERENCE MATERIALS 10
CPBULLE1-CPBULLE3 PUBLIC BULLETIN BOARDS/FLYERS 11
CPSOURC1-CPSOURC3 OTHER 91
CPSRCOS1/R- SPECIFY _____
CPSRCOS3/R

G31. What language does (CHILD'S) care provider or teacher at that program speak most with (him/her)?

CPSPEAK1- ENGLISH 1
CPSPEAK3 SPANISH 2
CPSPKOS1/R- ANOTHER LANGUAGE 91
CPSPKOS3/R SPECIFY _____

G32. Has (CHILD'S) care provider or teacher received education or training specifically related to young children, such as in early childhood education or child psychology?
[DO NOT PROBE.]

| | | |
|-----------------|-----------|---|
| CPEDUC1- | YES | 1 |
| CPEDUC3 | NO | 2 |

G33. Does that program encourage parents to contribute a certain number of hours each week or month?

| | | |
|------------------|-----------|---|
| CPARHRS1- | YES | 1 |
| CPARHRS3 | NO | 2 |

G34. Have you (or another adult in your household) worked at (CHILD'S) program in the last month, that is, since (MONTH) (DAY)?

| | | |
|------------------|-----------|---|
| CPARWRK1- | YES | 1 |
| CPARWRK3 | NO | 2 |

G35. Does that program have a parent advisory group or policy council?

| | | |
|------------------|-----------|---|
| CPARADV1- | YES | 1 |
| CPARADV3 | NO | 2 |

G36. Does that program provide any of the following services to (CHILD) or your family?

| | | YES | NO |
|--------------------------|--|-----|----|
| CPTST1-CPTST3 | a. Hearing, speech, or vision testing? | 1 | 2 |
| CPHYSEX1-CPHYSEX3 | b. Physical examinations? | 1 | 2 |
| CPDENTA1-CPDENTA3 | c. Dental examinations? | 1 | 2 |
| CPDISAB1-CPDISAB3 | d. Formal testing for developmental or learning problems? | 1 | 2 |
| CPSICK1-CPSICK3 | e. Sick child care? | 1 | 2 |

G37. Is there any charge or fee for this program, paid either by you or someone else?

| | | | |
|----------------------|-----------|---|-------------------------|
| CPFEE1-CPFEE3 | YES | 1 | (GO TO G38) |
| | NO | 2 | (GO TO BOX AFTER G400V) |

G38. Do any of the following people or organizations help to pay for (CHILD) to go to that program?
How about...

| | | YES | NO |
|---|---|-----|----|
| CPREL1-CPREL3 | a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that program? ... | 1 | 2 |
| CPWELF1-CPWELF3 | b. A social service or welfare agency? | 1 | 2 |
| CPEMPL1-CPEMPL3 | c. An employer? | 1 | 2 |
| CPOTHER1-CPOTHER3 | d. Someone else? | 1 | 2 |
| CPOTHOS1/R- CPOTHOS3/R | Who is that? _____ | | |

G39. How much does your household pay for (CHILD) to go to that program?
[IF NOTHING, ENTER ZERO.]

CPCOST1-CPCOST3 \$□□□□.□□
CPUNIT1-CPUNIT3 UNIT:
CPCSTOS1/R- PER HOUR 1
CPCSTOS3/R PER DAY 2
 PER WEEK 3
 PER MONTH 4
 PER YEAR 5
 OTHER 91
 SPECIFY _____

*If G39 = zero, or NUMKID12 (number of children in household age 12 or younger) = 1, go to box after G40OV.
Else, ask G40.*

G40. Is this amount for (CHILD) only or does it include other children in your household?

CPCSHH1- CHILD ONLY 1 (GO TO BOX AFTER G40OV)
CPCSHH3 CHILD AND OTHER(S) 2 (GO TO G40OV)

G40OV. How many children is this amount for, including (CHILD)?

CPCSHN1- NUMBER □
CPCSHN3

*If ECPATH = I, N and G4 = 1, or if ECPATH = K, S, H
and G9 = 1 (one center-based arrangement), ask G41.
Else, if ECPATH = I, N and G4 = > 2, or if ECPATH = K,
S, H and G9 = > 2 (more than 2 center-based
arrangements), return to G10 until the number of
arrangements in G4 or G9 are completed, then ask G41.*

G41. Does (CHILD) go to another day care center, (nursery school, preschool, or prekindergarten) (or before/after school program)?

*

YES 1 (GO TO G10)
NO 2 (GO TO BOX BEFORE H1)

Program Confirmation

If D1, E1, F1, and G1 or G5 all = 2, (child has no current care arrangements), go to box before I1. If all arrangements are not at least weekly (D11, E10, F10, G19 = 2), then go to box before I1. Else, ask H1 for all arrangements which occur at least once each week.

H1. Now I'd like to confirm the child care or (early childhood) program arrangement(s) that (CHILD) has at least once each week (, not including school).

I've recorded the following arrangement(s).

(ARRANGEMENT 1) . . (LOCATION; DAYS & HOURS/WEEK)

(ARRANGEMENT 2) . . (LOCATION; DAYS & HOURS/WEEK)

(ARRANGEMENT 3) . . (LOCATION; DAYS & HOURS/WEEK)

[That's a total of (HOURS) hours each week (in addition to school)]. Is that right?

*

| | | |
|----------------------------------|---|----------------------|
| YES, CORRECT | 1 | (GO TO I1) |
| NO, ADD ARRANGEMENT | 2 | (CORRECTION SCREENS) |
| NO, DELETE ARRANGEMENT | 3 | (CORRECTION SCREENS) |
| NO, CHANGE INFORMATION | 4 | (CORRECTION SCREENS) |

Parent Preferences

Ask I1 only if D1, E1, F1, G1, or G5 = 1 (child currently participates in at least one arrangement). Ask I1 only once per household for all children in ECPATH = I or N and for all children in ECPATH = K, S, or H.

I1. I'm going to read some things that people look for in selecting child care arrangements or (early childhood/before or after school) programs. For each one, please tell me if you think it is very important, somewhat important, or not important in selecting (an/a before or after school) arrangement for (CHILD). How about...

[RANDOM START FOR RESPONSE CATEGORIES]

| | | VI | SI | NI |
|----------------|---|----|----|----|
| PPTRAIN | a. A caregiver who has special training in taking care of children. Is that | 1 | 2 | 3 |
| PPSICK | b. A place where children will be cared for when they are sick. Is that | 1 | 2 | 3 |
| PPCONV | c. A place close to your home. Is that | 1 | 2 | 3 |
| PPCOST | d. A reasonable cost. Is that | 1 | 2 | 3 |
| PPKIDS | e. A small number of children in the same class or group. Is that | 1 | 2 | 3 |
| PPENGL | f. A caregiver or teacher who speaks English with your child. Is that | 1 | 2 | 3 |

NOTE: Item H1 allowed interviewers to: 1) correct the location and the number of days and hours for all arrangements, as well as correct the type of relative caregiver, whether an arrangement takes place before or after school, and whether a Head Start program is for a full or part day; 2) identify any duplicate arrangements so that one could be deleted; and 3) add arrangements that should have been reported earlier. If another arrangement was added, the CATI system cycled through the appropriate set of questions (e.g., relative, nonrelative, center) to collect relevant items.

Self-Care: Primary School Children Only

If ECPATH = S, ask J1. Else, go to K1.

J1. Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does (CHILD) spend time caring for (himself/herself) on a regular basis?

SCSELF

YES 1 (GO TO J2)
NO 2 (GO TO K1)

J2. Does (CHILD) care for (himself/herself) at least once each week?

SCWEEK

YES 1 (GO TO J7)
NO 2 (GO TO J3)

J3. Does (CHILD) care for (himself/herself) on some other regularly scheduled basis, at least once each month?

SCMONTH

YES 1 (GO TO J4)
NO 2 (GO TO BOX BEFORE K1)

J4. For how many weeks each month does (CHILD) care for (himself/herself)?

SCWKSMO

WEEKS ☐

J5. During (that week/those weeks), how many days each week does (CHILD) care for (himself/herself)?

SCDAYSWK

DAYS ☐

J6. And during (that week/those weeks), how many hours each week does (CHILD) care for (himself/herself)?

SCHRSWK

HOURS ☐☐ (GO TO BOX BEFORE K1)

J7. How many days each week does (CHILD) care for (himself/herself)?

SCDAYS

DAYS ☐

J8. How many hours each week does (CHILD) care for (himself/herself)?

SCHRS

HOURS ☐☐

Program Continuity

If D2, E2, F2, and G2 or G6 = 2, (child has never participated in nonparental care or programs), go to HAINTRO. Else, ask K1.

K1. [Other than the programs and care arrangements (he/she) has now, since/Since] (the school year started) this past September, have you used any (other) child care arrangements or (early childhood/before or after school) programs for (CHILD) on a regular basis? Please do not include activities or lessons, like sports.

PCOTHER

YES 1 (GO TO K2)
NO 2 (GO TO HAINTRO)

K2. How many child care arrangements or programs have you used for (CHILD) on a regular basis since this past September [, not counting the ones (he/she) has now]?

PCNUM

NUMBER ☐☐

K3. (We will be talking about the 2 most recent of those arrangements or programs.) [Let's start with the most recent of those other arrangements or programs./Let's talk about the second most recent arrangement.] Who provided that care or program? Was it ...

PCWHO1-PCWHO2

A relative such as a grandparent
or a brother or sister; 1 (GO TO K4)

**PCWHOOS1/R-
PCWHOOS2/R**

A nonrelative such as a home child
care provider or neighbor; 2 (GO TO K4)
[NOT I, K, S] A Head Start program; 3 (GO TO K5)
A day care center, (nursery school, preschool,
or prekindergarten/or before/after school) program; 4 (GO TO K5)
[NOT I] A community recreation program, pool,
or supervised playground; 5 (GO TO K5)
[ONLY S] Did (he/she) take care of (himself/herself); 6 (GO TO K5)
Or did you have some other arrangement? 91 (GO TO K5)
SPECIFY _____

K4. Did that (relative/nonrelative) care for (CHILD) in your own home or in another home?

**PCPLACE1-
PCPLACE2**

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3

K5. When did that arrangement start and end? That is, in what month and year?
[MUST HAVE ENDED SINCE THIS PAST SEPTEMBER]

**PCSTRYR1-
PCSTRYR2
PCSTRMM1-
PCSTRMM2
PCENDYY1-
PCENDYY2
PCENDMM1-
PCENDMM2**

START MONTH () START YEAR 19 ()

END MONTH () END YEAR 19 ()

K6. During the time (CHILD) was in that arrangement, how many days each week did (he/she) [receive care/go to the program/take care of (himself/herself)]?

PCDAYS1- DAYS ☐
PCDAYS2

K7. How many hours each week did (he/she) [receive that care/go to the program/take care of (himself/herself)]?

PCHRS1- HOURS ☐☐
PCHRS2

K8. What is the main reason that arrangement ended?

| | | |
|-------------|--|----|
| PCREASO1- | PROVIDER CLOSED/STOPPED PROVIDING CARE | 1 |
| PCREASO2 | CHILD EXCEEDED AGE OF OLD PROGRAM | 2 |
| | CHILD REACHED AGE FOR NEW PROGRAM | 3 |
| PCRSNOS1/R- | PARENT OR CHILD UNHAPPY WITH PROGRAM | 4 |
| PCRSNOS2/R | WANTED EDUCATIONAL PROGRAM | 5 |
| | PREFERRED PROGRAM BECAME AVAILABLE | 6 |
| | COULD NO LONGER AFFORD CARE/PROGRAM | 7 |
| | PARENT CHANGED JOB OR SCHEDULE | 8 |
| | RESPONDENT/CHILD MOVED | 9 |
| | PARENT STOPPED WORKING/FINISHED SCHOOL | 10 |
| | ARRANGEMENT WAS TEMPORARY/SEASONAL | 11 |
| | OTHER | 91 |
| | SPECIFY _____ | |

If K2 = 1 (one other arrangement since September), ask K9. Else, if K2 = > 2 (two or more arrangements since September), return to K3 until the two most recent arrangements have been completed, then go to HAINTRO.

K9. Other than what we've already talked about, did you use any other (early childhood/before or after school) programs or child care arrangements for (CHILD) since (school began) this past September? Please do not include activities or lessons, like sports.

*

| | | |
|---------------|---|-----------------|
| YES | 1 | (GO TO K3) |
| NO | 2 | (GO TO HAINTRO) |

HOME ACTIVITIES

HAINTRO. (This/These) next question(s) (is/are) about (reading/activities) with (CHILD) in your home.

L1. How many times have you or someone in your family read to (CHILD) in the past week? Would you say ...

HAREADFM Not at all, 1
 Once or twice, 2
 Three or more times, or 3
 Every day? 4

If ECPATH = S, ask L2. Else, go to box after L2.

L2. How many times did (CHILD) read to you or someone in your family in the past week? Would you say ...

HAREADCH Not at all, 1
 Once or twice, 2
 Three or more times, or 3
 Every day? 4

If AGE94 = < 2, go to HINTRO. Else, ask L3.

L3. In the past week, have you or someone in your family told (CHILD) a story?

HASTORY YES 1 (GO TO L4)
 NO 2 (GO TO L5)

L4. Was that one or two times, or three or more?

HASTORYN ONE OR TWO TIMES 1
 THREE OR MORE 2

L5. In the past month, have you or someone in your family visited a library with (CHILD)?

HALIBRAY YES 1
 NO 2

Health and Disability

HINTRO. Now I have a few questions about (CHILD'S) health.

M1. When (CHILD) was born, did (he/she) weigh more than 5 and a half pounds?

HD5LBS YES 1
NO 2

M2. In general, would you say that (CHILD'S) health is...

HDHEALTH Excellent, 1
Very good, 2
Good, 3
Fair, or 4
Poor? 5

M3. Has a doctor or other health professional ever told you that (CHILD) was developmentally delayed?

HDDELAY YES 1
NO 2

If AGE94 = > 3, ask M4. Else, if AGE94 = < 2, go to M6.

M4. Does (CHILD) have any of the following disabilities?
[RANDOM START; KEEP E AND F, G AND H TOGETHER; KEEP J LAST.]

| | | | YES | NO |
|-----------------|----|---|-----|----|
| HDLEARN | a. | A specific learning disability? | 1 | 2 |
| HDRETARD | b. | Mental retardation? | 1 | 2 |
| HDSPEECH | c. | A speech impairment? | 1 | 2 |
| HDDISTRB | d. | A serious emotional disturbance? | 1 | 2 |
| HDDEAF | e. | Deafness? | 1 | 2 |
| HDHEAR | f. | [DO NOT DISPLAY IF e = 1] Another hearing impairment? | 1 | 2 |
| HDBLIND | g. | Blindness? | 1 | 2 |
| HDVISUAL | h. | [DO NOT DISPLAY IF g = 1] Another visual impairment? | 1 | 2 |
| HDORTHO | i. | An orthopedic impairment? | 1 | 2 |
| HDOTHER | j. | Another health impairment lasting 6 months or more? | 1 | 2 |

*If any M4a-j = 1, ask M5.
Else, go to box after M6.*

M5. (Does/Do) (CHILD'S) (disability/disabilities) affect (his/her) ability to learn?
HDAAFFECT

YES 1
 NO 2

If AGE94 = > 3, go to box after M6. Else, ask M6.

M6. Does (CHILD) have any of the following disabilities?
 [RANDOM START; KEEP A AND B, C AND D TOGETHER; KEEP G LAST.]

| | | YES | NO |
|-----------------|--|-----|----|
| HDDEAF | a. Deafness? | 1 | 2 |
| HDHEAR | b. [DO NOT DISPLAY IF a=1] Another hearing impairment? | 1 | 2 |
| HDBLIND | c. Blindness? | 1 | 2 |
| HDVISUAL | d. [DO NOT DISPLAY IF c=1] Another visual impairment? | 1 | 2 |
| HDORTHO | e. An orthopedic impairment? | 1 | 2 |
| HDDEVEL | f. Severe developmental delay? | 1 | 2 |
| HDOTHER | g. Another health impairment (lasting 6 months or more)? | 1 | 2 |

*If AGE94 = > 3 and any M4a-j = 1, ask M7.
 If AGE94 = < 2 and any M6a-g = 1, ask M8.
 Else, go to LFINTRO.*

M7. Is (CHILD) receiving services for (his/her) (disability/disabilities) from...

| | | YES | NO |
|-------------------|--|-----|----|
| HDSCHL | a. Your local school district? | 1 | 2 |
| HDGOVT | b. A state or local health or social service agency? | 1 | 2 |
| HDDOCTOR | c. A doctor or clinic | 1 | 2 |
| HDSOURCE | d. Some other source? | 1 | 2 |
| HDSOUROS/R | What is that? _____ | | |

If M7a-d all = 2, go to LFINTRO. Else, go to next box.

M8. Is (CHILD) receiving services for (his/her) (disability/disabilities)...

| | | YES | NO |
|-------------------|--|-----|----|
| HDIFSP | a. Through an Individualized Family Service Plan, or IFSP? | 1 | 2 |
| HDINFSRC | b. From any other source? | 1 | 2 |
| HDINFSOS/R | What is that? _____ | | |

*If M8a = 2 and M8b = 2 (child does not receive services)
go to LFINTRO.
Else, go to next box.*

*If ECPATH = K or S go to M12.
If ECPATH = H, go to LFINTRO.
If F1 = 1 (child attends Head Start), ask M9.
Else, go to box after M9.*

M9. Does the Head Start program (CHILD) attend coordinate or provide those services?

HDHEAD YES 1
NO 2

*If ECPATH = I or N and G1 = 1 (child attends a day care
center, nursery school, or preschool), ask M10. Else, go
to box after M11.*

M10. (Does the/Do any of the) day care center(s), nursery school(s), or preschool(s) (CHILD) attend coordinate or provide those services?

HDCENT YES 1
NO 2

*If M10 = 1 and child has more than one center-based
arrangement, ask M11.
If M10 = 1 and child attends only one center-based
program, autocode M11 to equal that center.
Else, go to box after M11.*

M11. Which centers or programs coordinate or provide those services?
[MARK ALL THAT APPLY.]

[DISPLAY ALL CENTER-BASED ARRANGEMENTS:]
HDSERV1- (ARRANGEMENT 1: LOCATION; DAYS & HOURS/WEEK)
HDSERV3 (ARRANGEMENT 2: LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 3: LOCATION; DAYS & HOURS/WEEK)

*If ECPATH = K or S, ask M12.
If ECPATH = I, N and F1 = 1 or G1 = 1 (child attends
Head Start or a day care center,
nursery school, or preschool), ask M12.
Else, go to LFINTRO.*

NOTE: The HDSERV variables at item M11 indicate whether center-based programs reported for children with disabilities provide services. Since a maximum of three centers were reported for any child, there are three HDSERV variables on the file. HDSERV1 indicates whether the first-reported center provides services (1=yes, 2=no); HDSERV2 indicates whether the second-reported center (if any) provides services; and HDSERV3 indicates whether the third-reported center (if any) provides services.

M12. [ASK IF M9 = 1 AND FOR EACH ARRANGEMENT IN M11.]
Do all of the children in (CHILD'S) (class at school/room or group at) (the Head Start program/the program/ARRANGEMENT#) have disabling conditions, or is (he/she) in a mixed (class/group) with some children who have disabilities and some who don't?

CHMIX
HDMIX
CPMIX1-
CPMIX3

ALL HAVE DISABILITIES 1
SOME DO, SOME DON'T 2

If M12 = 2, ask M13. Else, ask M12 for next center-based arrangement or go to LFINTRO.

M13. Does (CHILD) usually spend all of (his/her) time in the mixed (class/group), or does (he/she) sometimes leave the (class/group) for separate services or instruction?

CHMIXALL
HDMIXALL
CPMIXAL1-
CPMIXAL3

SPENDS ALL TIME IN THE MIXED CLASS/GROUP 1
SOMETIMES LEAVES THE MIXED CLASS/GROUP 2

The mother and father sections are asked only once per mother and father in the household.

Parent/Guardian Characteristics

LFINTRO. Now I have some questions about [(you) (and) (CHILD'S) (mother/stepmother/foster mother) (and) (father/stepfather/foster father)]. [Let's start with (you/(CHILD'S) mother).]

Mother Items

*If HHMOM = 1 or 2 (mother or female guardian), ask N1.
Else, if HHMOM = 3 (no mother/female guardian), go to box before O1.*

N1. What is [your/(CHILD'S) (mother's/stepmother's/foster mother's)] marital status?

MOMSTAT

MARRIED/REMARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5

N2. How old (were you/was (CHILD'S) (mother/stepmother/foster mother) when (you/she) first became a mother, stepmother, or guardian to any child?

MOMNEW

YEARS ☐ ☐

NOTE: Items M12 and M13 are asked of several different types of children with disabilities. CHMIX and CHMIXALL apply to classes at school for kindergartners or primary schoolers; HDMIX and HDMIXALL apply to classes or groups at Head Start programs that provide services (i.e., when HDHEAD=yes); and CPMIX1, CPMIXAL1, CPMIX2, CPMIXAL2, and CPMIX3, CPMIXAL3 apply to the classes or groups at the first-, second-, and third-reported center-based programs that provide services (i.e., when HDSERV1, HDSERV2, or HDSERV3 = yes).

N3. What was the first language [you/(CHILD'S) (mother/stepmother/foster mother)] learned to speak?

| | | | |
|-------------------|----------------------------|----|------------|
| MOMLANG | ENGLISH | 1 | (GO TO N5) |
| MOMLANOS/R | SPANISH | 2 | (GO TO N4) |
| | ANOTHER LANGUAGE | 91 | (GO TO N4) |
| | SPECIFY _____ | | |

N4. What language [do you/does (CHILD'S) (mother/stepmother/foster mother)] speak most at home now?

| | | |
|-------------------|--|----|
| MOMSPEAK | ENGLISH | 1 |
| MOMSPEOS/R | SPANISH | 2 |
| | [DISPLAY ANOTHER LANGUAGE SPECIFIED IN N3] | 3 |
| | ANOTHER LANGUAGE | 91 |
| | SPECIFY _____ | |

N5. In what country [were you/was (CHILD'S) (mother/stepmother/foster mother)] born?

| | | | |
|-------------------|--|---|------------|
| MOMBORN | UNITED STATES (50 STATES OR D.C.) | 1 | (GO TO N7) |
| MOMBOOS1/R | U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, | | |
| MOMBOOS2/R | US VIRGIN ISLANDS, MARIANA ISLANDS, OR | | |
| | SOLOMON ISLANDS | 2 | (GO TO N6) |
| | SPECIFY _____ | | |
| | SOME OTHER COUNTRY | 3 | (GO TO N6) |
| | SPECIFY _____ | | |

N6. How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

| | | |
|-----------------|---------------|---|
| MOMUSAGE | AGE | <input type="checkbox"/> <input type="checkbox"/> |
|-----------------|---------------|---|

N7. What is the highest grade or year of school that [you/(CHILD'S) (mother/stepmother/foster mother)] completed?

| | | | |
|-----------------|--|----|--------------------------------|
| MOMGRAD1 | UP TO 8TH GRADE | 1 | (ENTER ACTUAL GRADE, GO TO N8) |
| MOMGRAD2 | 9TH TO 11TH GRADE | 2 | (ENTER ACTUAL GRADE, GO TO N8) |
| MOMGRADE | 12TH GRADE BUT NO DIPLOMA | 3 | (GO TO N8) |
| | HIGH SCHOOL DIPLOMA/EQUIVALENT | 4 | (GO TO N9) |
| | VOC/TECH PROGRAM AFTER HIGH SCHOOL | | |
| | BUT NO VOC/TECH DIPLOMA | 5 | (GO TO N8) |
| | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 6 | (GO TO N8) |
| | SOME COLLEGE BUT NO DEGREE | 7 | (GO TO N7OV) |
| | ASSOCIATE'S DEGREE | 8 | (GO TO N8) |
| | BACHELOR'S DEGREE | 9 | (GO TO N9) |
| | GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE . | 10 | (GO TO N9) |
| | MASTER'S DEGREE (MA, MS) | 11 | (GO TO N9) |
| | DOCTORATE DEGREE (PHD, EDD) | 12 | (GO TO N9) |
| | PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE | | |
| | (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . | 13 | (GO TO N9) |

NOTE: For question N4, category 3 is coded as 91 in the data file.

N7OV. (Did you/Did she) earn a vocational or technical diploma after leaving high school?

MOMVOCDI YES 1
NO 2

N8. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

MOMDIPL YES 1
NO 2

N9. During the past week, did [you/(CHILD'S) (mother/stepmother/foster mother)] work at a job for pay?

MOMWORK YES 1 (GO TO N11)
NO 2 (GO TO N10)
RETIRED 3 (GO TO N13)

N10. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE YES 1 (GO TO N11)
NO 2 (GO TO N13)

N11. About how many total hours per week (do you/does she) usually work for pay, counting all jobs?

MOMHOURS [IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

WEEKLY HOURS □□

N12. Counting all jobs, about how much (do you/does she) earn before taxes and other deductions?

MOMEARN AMOUNT □□□□□.□□

MOMUNIT

MOMUNIOS/R

PER
HOUR 1
DAY 2
WEEK 3
BI-WEEKLY 4
MONTH 5
YEAR 6
OTHER 91

SPECIFY _____

If ECPP respondent completed an Adult Education interview (AE): If A7 = 1 (worked in the past 12 months in AE), copy response from J23 (number of months worked in AE) into N16. If A7 = 2 (did not work in past 12 months in AE), then set N13 = 0.

N13. How many months (,if any,) (have you/has she) worked for pay in the past 12 months?

MOMMTHS MONTHS □□

If N9 or N10 = 1 (working or on leave/vacation), go to N18. If N9 = 3 (retired), autocode N16 = 3 and go to N18. Else, ask N14.

N14. (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK YES 1 (GO TO N15)
NO 2 (GO TO N16)

N15. What (have you/has she) been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY.]

MOMPUBL CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
MOMPRIV CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
MOMEMPL CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
MOMREL CHECKED WITH FRIENDS OR RELATIVES 4
MOMANSAD PLACED OR ANSWERED ADS/SENT RESUME 5
MOMREAD READ WANT-ADS 6
MOMOTHER SOMETHING ELSE 91
MOMOTHOS/R SPECIFY _____

If N15 = 1 through 5, go to N17. Else, go to N16.

N16. What (were you/was she) doing most of last week? Would you say ...

MOMACTY Keeping house or caring for children, 1
Going to school, 2
Retired, 3
Unable to work, or 4
MOMACTOS/R Something else? 91
What was that? _____

If N15 = 91, ask N17. Else, go to N18.

N17. Could (you/she) have taken a job last week if one had been offered?

MOMTAKE YES 1
NO 2

N18. (Are you/Is she) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/her) regular job]?

MOMENROL YES 1 (GO TO N19)
NO 2 (GO TO BOX AFTER N19)

N19. How many hours each week (do you/does she) attend school or training?
[REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS HOURS □□

*If N9 = 1 or N10 = 1 or N16 = 2 or N18 = 1 (mother/female guardian is employed for pay or attending school or training), ask N20 for each child.
Else, go to box before O1.*

N20.

[DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]

What is (CHILD) usually doing or how is (he/she) usually cared for during most of the hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)? For example, is (CHILD) (in school,) [(at one of the/at the) arrangement(s) we talked about,] cared for by (his/her) other parent, or something else?

MOMCARE
MOMCAROS/R

ARRANGEMENT NUMBER ☐☐
IN SCHOOL [ECPATH = K,S ONLY] 21
MOTHER WORKS AT HOME/CARES FOR CHILD
AT WORK OR SCHOOL 22
CARED FOR BY CHILD'S OTHER PARENT/
STEPPARENT/FOSTER PARENT 23
SELF CARE [ECPATH = S ONLY] 24
MATERNITY LEAVE 25
SOMETHING ELSE 91
SPECIFY _____

N21.

Does that arrangement cover all of the hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

MOMCAROT

YES 1 (GO TO BOX AFTER N22)
NO 2 (GO TO N22)

N22.

[DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]

What is (CHILD) usually doing or how is (he/she) usually cared for during most of the other hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)? Is (CHILD) (in school,) [(at one of the/at the) arrangement(s) we talked about,] cared for by (his/her) other parent, or something else?

MOMCARWH
MOMCWHOS/R

ARRANGEMENT NUMBER ☐☐
IN SCHOOL [ECPATH = K,S ONLY] 21
MOTHER WORKS AT HOME/CARES FOR CHILD
AT WORK OR SCHOOL 22
CARED FOR BY CHILD'S OTHER PARENT/
STEPPARENT/FOSTER PARENT 23
SELF CARE [ECPATH = S ONLY] 24
MATERNITY LEAVE 25
SOMETHING ELSE 91
SPECIFY _____

*If HHDAD = 1 or 2 (father or male guardian), ask O1. Else,
if HHDAD = 3 (no father or male guardian), go to
HHINTRO.*

Father Items

O1. What was the first language [you/(CHILD'S) (father/stepfather/foster father)] learned to speak?

| | | | |
|-------------------|----------------------------|----|------------|
| DADLANG | ENGLISH | 1 | (GO TO O3) |
| DADLANOS/R | SPANISH | 2 | (GO TO O2) |
| | ANOTHER LANGUAGE | 91 | (GO TO O2) |
| | SPECIFY _____ | | |

O2. What language [do you/does (CHILD'S) (father/stepfather/foster father)] speak most at home now?

| | | | |
|-------------------|--|----|--|
| DADSPEAK | ENGLISH | 1 | |
| DADSPEOS/R | SPANISH | 2 | |
| | [DISPLAY ANOTHER LANGUAGE SPECIFIED IN O1] | 3 | |
| | ANOTHER LANGUAGE | 91 | |
| | SPECIFY _____ | | |

O3. In what country [were you/was (CHILD'S) (father/stepfather/foster father)] born?

| | | | |
|-------------------|--|---|------------|
| DADBORN | UNITED STATES (50 STATES OR D.C.) | 1 | (GO TO O5) |
| DADBOOS1/R | U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, | | |
| DADBOOS2/R | US VIRGIN ISLANDS, MARIANA ISLANDS, OR | | |
| | SOLOMON ISLANDS | 2 | (GO TO O4) |
| | SPECIFY _____ | | |
| | SOME OTHER COUNTRY | 3 | (GO TO O4) |
| | SPECIFY _____ | | |

O4. How old (were you/was he) when (you/he) first moved to the (United States/50 states or the District of Columbia)?

| | | |
|-----------------|---------------|---|
| DADUSAGE | AGE | <input type="checkbox"/> <input type="checkbox"/> |
|-----------------|---------------|---|

O5. What is the highest grade or year of school that [you/(CHILD'S) (father/stepfather/foster father)] completed?

| | | | |
|-----------------|--|----|--------------------------------|
| DADGRAD1 | UP TO 8TH GRADE | 1 | (ENTER ACTUAL GRADE, GO TO O6) |
| DADGRAD2 | 9TH TO 11TH GRADE | 2 | (ENTER ACTUAL GRADE, GO TO O6) |
| DADGRADE | 12TH GRADE BUT NO DIPLOMA | 3 | (GO TO O6) |
| | HIGH SCHOOL DIPLOMA/EQUIVALENT | 4 | (GO TO O7) |
| | VOC/TECH PROGRAM AFTER HIGH SCHOOL | | |
| | BUT NO VOC/TECH DIPLOMA | 5 | (GO TO O6) |
| | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 6 | (GO TO O6) |
| | SOME COLLEGE BUT NO DEGREE | 7 | (GO TO O5OV) |
| | ASSOCIATE'S DEGREE | 8 | (GO TO O6) |
| | BACHELOR'S DEGREE | 9 | (GO TO O7) |
| | GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE . | 10 | (GO TO O7) |
| | MASTER'S DEGREE (MA, MS) | 11 | (GO TO O7) |
| | DOCTORATE DEGREE (PHD, EDD) | 12 | (GO TO O7) |
| | PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE | | |
| | (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . | 13 | (GO TO O7) |

NOTE: For Question O2, category 3 is coded as 91 in the data file.

O50V. (Did you/Did he) earn a vocational or technical diploma after leaving high school?

DADVOCDI YES 1
NO 2

O6. (Do you/Does he) have a high school diploma or its equivalent, such as a GED?

DADDIPL YES 1
NO 2

O7. During the past week, did [you/(CHILD'S) (father/stepfather/foster father)] work at a job for pay?

DADWORK YES 1
NO 2
RETIRED 3

If O7 = 1 (worked last week), go to O9. If O7 = 3 (retired), autocode O12 = 3 and go to O14. Else, ask O8.

O8. (Were you/Was he) on leave or vacation from a job during the past week?

DADLEAVE YES 1 (GO TO O9)
NO 2 (GO TO O10)

O9. About how many total hours per week (do you/does he) usually work for pay, counting all jobs?
DADHOURS [IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

WEEKLY HOURS □□

If O7 or O8 = 1 (working or on leave/vacation), go to O14. Else, ask O10.

O10. (Have you/Has he) been actively looking for work in the past 4 weeks?

DADLOOK YES 1 (GO TO O11)
NO 2 (GO TO O12)

O11. What (have you/has he) been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY.]

DADPUBL CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
DADPRIV CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
DADEMPLE CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
DADREL CHECKED WITH FRIENDS OR RELATIVES 4
DADANSAD PLACED OR ANSWERED ADS/SENT RESUME 5
DADREAD READ WANT-ADS 6
DADOTHER SOMETHING ELSE 91
DADOTHOS/R SPECIFY _____

If O11 = 1 through 5, go to O13.
Else, go to O12.

O12. What (were you/was he) doing most of last week? Would you say...

DADACTY Keeping house or caring for children, 1
DADACTOS/R Going to school, 2
 Retired, 3
 Unable to work, or 4
 Something else? 91
 What was that? _____

If O11 = 91, ask O13. Else, go to O14.

O13. Could (you/she) have taken a job last week if one had been offered?

DADTAKE YES 1
 NO 2

O14. (Are you/Is he) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than on (your/his) regular job]?

DADENROL YES 1 (GO TO O15)
 NO 2 (GO TO HHINTRO)

O15. How many hours per week (do you/does he) attend school or training?
 [REFERS TO ACTUAL TIME NOT CREDIT HOURS.]

DADENHRS HOURS ☐ ☐

The following questions are asked only once per household.

HOUSEHOLD CHARACTERISTICS

HHINTRO. Finally, a few questions about your household.

P1. Do you...

HOWNHOM Own your home, 1
 Rent your home, or 2
 Have some other arrangement? 3

P2. Besides (PHONE NUMBER), do you have other telephone numbers in your household?

HOTHNUM YES 1 (GO TO P3)
 NO 2 (GO TO P4)

P3. How many of these additional telephone numbers are for home use?

HNUMUSE NUMBER ☐

P4. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

HPHONSVC YES 1 (GO TO P5)
NO 2 (GO TO P6)

P5. What was the total amount of time your household was without telephone service in the past 12 months?

HSVCNUM NUMBER ☐☐

HSVCUNIT DAYS 1
WEEKS 2
MONTHS 3

P6. So that we can group households geographically, may I have your ZIP code?

HZIPCODE/R ZIP CODE ☐☐☐☐☐

P7. In the past 12 months, has your family received funds or services from any of the following programs? How about...

| | | YES | NO |
|---------|--|-----|----|
| HWIC | a. Women, Infants, and Children, or WIC? | 1 | 2 |
| HFOODST | b. Food Stamps? | 1 | 2 |
| HAFDC | c. AFDC, or Aid to Families with Dependent Children? | 1 | 2 |

P8. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members.

HINCMRNG

Was it....

\$25,000 or less, or 1 (READ SET 1)
More than \$25,000? 2 (READ SET 2)

HINCOME

Was it...

[SET 1]

\$5,000 or less, 1
\$5,001 to \$10,000, 2
\$10,001 to \$15,000, 3
\$15,001 to \$20,000, or 4
\$20,001 to \$25,000? 5

[SET 2]

\$25,001 to \$30,000, 6
\$30,001 to \$35,000, 7
\$35,001 to \$40,000, 8
\$40,001 to \$50,000, 9
\$50,001 to \$75,000, or 10
Over \$75,000? 11

Ask P8OV if
(Number in HH = 2 and HINCOME = 2) or
(Number in HH = 3 and HINCOME = 3) or
(Number in HH = 4 and HINCOME = 3) or
(Number in HH = 5 and HINCOME = 4) or
(Number in HH = 6 and HINCOME = 4) or
(Number in HH = 7 and HINCOME = 5) or
(Number in HH = 8 and HINCOME = 5) or
(Number in HH = 9 and HINCOME = 6) or
(Number in HH = 10 and HINCOME = 6) or
(Number in HH = 11 and HINCOME = 7) or
(Number in HH = 12 and HINCOME = 7).
Else, go to CLOSE2.

P8OV.
HINCMEXT

What was your total household income last year, to the nearest thousand?

AMOUNT \$□□,□□□

CLOSE1. Thank you, but we are only asking about children in a specific age or grade range. Please hold on for a moment while I check to see if there is anyone else I need to ask you about or anyone else I need to speak with.

CLOSE2. Those are all the questions I have about (CHILD). Please hold on for a moment while I check to see if there is anyone else I need to ask about, (or anyone else I need to speak with).

NHES:95 Adult Education Interview

INTRO1. [READ DISPLAY IF RESPONDENT WAS NOT SCREENER RESPONDENT.] Hello, this is (INTERVIEWER) calling for the U.S. Department of Education. We are conducting a voluntary and confidential national study about the education of adults.

[SCREENER RESPONDENTS: The purpose of our study is to learn what kinds of educational activities adults take part in and why some adults do not participate. These questions usually take about 15 to 20 minutes.

INTRO2. First, I have a few questions about your education, your work experience, and your language background.

A. INITIAL BACKGROUND

A1. What is the highest grade or year of school that you completed?

| | | | |
|---------|--|----|-----------------------------------|
| IBGRADE | UP TO 8TH GRADE | 1 | (ENTER ACTUAL GRADE, GO TO A2) |
| IBGRAD1 | 9TH TO 11TH GRADE | 2 | (ENTER ACTUAL GRADE, GO TO A2) |
| IBGRAD2 | 12TH GRADE BUT NO DIPLOMA | 3 | (GO TO A2) |
| | HIGH SCHOOL DIPLOMA/EQUIVALENT | 4 | (GO TO A3) |
| | VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/ TECH DIPLOMA | 5 | (GO TO A2) |
| | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 6 | (GO TO A2) |
| | SOME COLLEGE BUT NO DEGREE | 7 | (GO TO A1OV) |
| | ASSOCIATE'S DEGREE | 8 | (GO TO A2) |
| | BACHELOR'S DEGREE | 9 | (GO TO A5) |
| | GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE . | 10 | (GO TO A5) |
| | MASTER'S DEGREE (MA, MS) | 11 | (GO TO A5) |
| | DOCTORATE (PHD, EDD) | 12 | (GO TO A5) |
| | PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . | 13 | (GO TO A5) |

*Do not ask A2 of Screener respondents.
Copy answer from Screener.*

A1OV. Did you earn a vocational or technical diploma after leaving high school?

| | | |
|-----------|---------------|---|
| IBVOC DIP | YES | 1 |
| | NO | 2 |

NOTE: Response categories shown in mixed cases (upper and lower) are read to the respondent by the interviewer. Those shown in all upper case are not read. Those shown in italics were added during data cleaning (i.e., additional codes were created from among the "specify" responses.

NOTE: In general, variables designated by /R appear on the restricted file only. However, some variables with this designation contained no responses and therefore were not included on the restricted file. Please consult the Proprietary Data File User's Guide for a specification of which variables were excluded from the file.

NOTE: Questions designated by * do not appear on any data file. They were used for administrative, verification, or coding purposes only.

A2. Do you have a high school diploma or its equivalent, such as a GED?

IBDIPL YES 1 (GO TO A3)
 NO 2 (GO TO A6)

A3. Did you receive your high school diploma or its equivalent in the U.S.?

IBUSDIPL YES 1
 NO 2

A4. Did you receive your high school diploma or its equivalent in the past 12 months?

IBDIPLYR YES 1
 NO 2

A5. Did you complete your high school requirements through a GED test?

IBGED YES 1
 NO 2

A6. Did you work at a job for pay or income at any time in the past 12 months?

IBWORK12 YES 1 (GO TO A7)
 NO 2 (GO TO A10)

A7. Were you self-employed at any time in the past 12 months?

IBSELFEM YES 1 (GO TO A8)
 NO 2 (GO TO A9)

A8. Did you also work for another employer in the past 12 months?

IBOTHEMP YES 1 (GO TO A9)
 NO 2 (GO TO A10)

*If A7 = 1 and A8 NE 1 (self-employed only),
then autocode A9 (# of employers) = 1.*

A9. (Counting your self-employment,) For how many different employers did you work in the past 12 months?

IBEMPL12 NUMBER ☐☐

A10. Now, about your language background. What was the first language you learned to speak?

IBLANG ENGLISH 1 (GO TO INTRO3)
 SPANISH 2 (GO TO A11)
 ANOTHER LANGUAGE 91 (GO TO A11)
IBLANGOS/R SPECIFY _____

Autocode A11 = 1 if A10 = 1.

A11. What language do you speak most at home now?

| | | |
|------------|----------------------------|----|
| IBSPEAK | ENGLISH | 1 |
| | SPANISH | 2 |
| | ANOTHER LANGUAGE | 91 |
| IBSPEAOS/R | SPECIFY _____ | |

INTRO3. Now, I'd like to ask you about different kinds of education and training programs, courses, workshops, and seminars you may have taken during the past 12 months. (Please don't include day-time high school programs.)

*Ask B1 if A11 NE 1 (main language is other than English).
Else, go to box before C1.*

B. ENGLISH AS A SECOND LANGUAGE

B1. These first questions are about English as a Second Language only. Please do not include other classes here. During the past 12 months, did you have a tutor or take any classes to learn English as a Second Language?

| | | | |
|--------|---------------|---|--------------|
| ESLANG | YES | 1 | (GO TO B1OV) |
| | NO | 2 | (GO TO B19) |

For Participants

B1OV. Is this ESL class a part of a college program?

| | | |
|--------|---------------|---|
| ESCOLL | YES | 1 |
| | NO | 2 |

*If B1OV = 1, ask B6 and B7; then go to box before C1.
Else, go to B2.*

B2. How many different ESL programs did you take in the past 12 months?

| | | |
|--------|-------------------------|---|
| ESDIFF | ONE | 1 |
| | TWO | 2 |
| | THREE OR MORE | 3 |

B3. What was the main reason you took English as a Second Language classes?
[PROBE: READ LIKELY ANSWER(S)]

| | | |
|------------|--|----|
| ESREASON | TO IMPROVE, ADVANCE, OR KEEP UP TO DATE | |
| | ON CURRENT JOB | 1 |
| | TO TRAIN FOR A NEW JOB OR A NEW CAREER | 2 |
| | TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS | 3 |
| | TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION | 4 |
| ESREAOS1/R | SPECIFY _____ | |
| | A PERSONAL, FAMILY, OR SOCIAL REASON | 5 |
| | TO IMPROVE COMMUNICATION SKILLS | 6 |
| | SOME OTHER MAIN REASON | 91 |
| ESREAOS2/R | SPECIFY _____ | |

B4. During the past 12 months, were you a full-time or part-time student in ESL classes or both?

| | | |
|--------|---------------------|---|
| ESTIME | FULL-TIME | 1 |
| | PART-TIME | 2 |
| | BOTH | 3 |

B5. How did you learn about the ESL classes?

ESLEARN FAMILY 1
FRIEND/NEIGHBOR 2
NEWSPAPER/RADIO/TV 3
POSTER/FLYER/MAIL/CATALOGUE 4
EMPLOYER 5
SCHOOL 6
OTHER 91
ESLEAROS/R SPECIFY _____

B6. In the past 12 months, how many weeks did you attend ESL classes?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

ESWHEN NUMBER ☐☐

ESWHENUN Unit
DAYS 1 (GO TO B7)
WEEKS 2 (GO TO B7)
MONTHS 3 (GO TO B7)
SEMESTER 4 (GO TO B7)
QUARTER 5 (GO TO B7)
OTHER 91 (GO TO B6OV)
ESWHENOS/R SPECIFY _____

B6OV. How many weeks was that?

ESWKS WEEKS ☐☐

Collect number; autocode unit.

B7. For about how many hours (per day/per week) did you attend during the time you were going to ESL classes?

ESHRS NUMBER ☐☐

ESHRSUNT Unit
PER DAY 1
PER WEEK 2

B8. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take ESL classes?

ESTUITON AMOUNT \$☐☐☐☐

B9. What school, organization, or business provided (most of) the instruction for the ESL classes?

ESPROVID/R [IF MORE THAN ONE PROVIDER, PROBE FOR ORGANIZATION THAT PROVIDED MAJORITY OF INSTRUCTION IN THE PAST 12 MONTHS. RECORD OTHER PROVIDERS IN COMMENTS.]

INSTRUCTIONAL PROVIDER _____

B10. [DISPLAY PROVIDER STRING]
Would that be...?
ESPROVTV [READ LIKELY ANSWER(S)]

| | | |
|-----------------|--|----|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school | 1 |
| | A 2-year community or junior college | 2 |
| | A public 2-year vocational school or technical institute | 3 |
| | A 4-year college or university | 4 |
| | A private vocational, trade, business, hospital, or flight school | 5 |
| | An adult learning center | 6 |
| <u>BUS/ASSO</u> | A business or industry | 7 |
| | A professional association | 8 |
| <u>GOVMT</u> | A federal, state, county, or local government agency | 9 |
| | A public library | 10 |
| <u>PRIVATE</u> | A private community organization | 11 |
| | A church or religious organization | 12 |
| | A tutor or private instructor | 13 |
| <u>OTHER</u> | Some other organization | 91 |

ESPROVOS/R SPECIFY _____

B11. [DISPLAY PROVIDER PREVIOUSLY CODED. IF SAME, ENTER NUMBER.]
Where did you take the ESL classes?

ESPLACID/R LOCATION _____

| |
|----------------------------------|
| <i>If B11 = B9, autocode B12</i> |
|----------------------------------|

B12. [DISPLAY LOCATION STRING]
Would that be...?

ESPLACE [READ LIKELY ANSWER(S)]

| | | |
|-----------------|--|----|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school | 1 |
| | A 2-year community or junior college | 2 |
| | A public 2-year vocational school or technical institute | 3 |
| | A 4-year college or university | 4 |
| | A private vocational, trade, business, hospital, or flight school | 5 |
| | An adult learning center | 6 |
| <u>BUS/ASSO</u> | A business or industry | 7 |
| | A professional association | 8 |
| <u>GOVMT</u> | A federal, state, county, or local government agency | 9 |
| | A public library | 10 |
| <u>PRIVATE</u> | A private community organization | 11 |
| | A church or religious organization | 12 |
| | A tutor or private instructor | 13 |
| <u>OTHER</u> | Some other organization | 91 |

ESPLACOS/R SPECIFY _____

*If B10 = 2,3,4,5 then go to B12OV.
Else, go to box before B13.*

B12OV. In what city and state is the school located?

ESPROVCI/R
 ESPROVST/R

CITY _____
 STATE _____

*If A6 NE 1 (not worked in the past 12 months),
then go to B18.
If A7 = 1 and A8 NE 1 (self-employed only),
then go to B18.*

B13. Was (DISPLAY PROVIDER STRING) also your employer?

ESPROVEM

| | | | |
|-----|-------|---|-------------|
| YES | | 1 | (GO TO B15) |
| NO | | 2 | (GO TO B14) |

If B13 = 1, then autocode B14 = 1.

B14. (Not counting your self-employment,) Was your employer aware that you were taking or took the ESL class?

ESAWARE

| | | | |
|-----|-------|---|--|
| YES | | 1 | |
| NO | | 2 | |

*If B14 NE 1 (employer was not aware),
then go to box after B15.*

B15. Did your employer...

| | | | YES | NO |
|----------|----|--|-----|----|
| ESEMPREQ | a. | Require you to take these classes? | 1 | 2 |
| ESEMPWP | b. | Give you time off from work with or without pay? . | 1 | 2 |
| ESEMPSPA | c. | Provide classroom space? | 1 | 2 |
| ESEMPPAY | d. | Pay all or part of the cost, including tuition, books, and other costs like transportation? | 1 | 2 |

*If B13 NE 1 and no B15b-d = 1 (no support for ESL),
then go to B18.*

*If B13 = 1 (employer provided instruction) or
any B15b-d = 1 (support for ESL) and A9 = > 2
(more than one employer in the past 12 months),
then go to B16.*

*If (B13 = 1 (employer provided instruction) or
any B15b-d = 1 (support for ESL)) and
A9 = 1 (one employer), then go to B17.*

B16. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support (including the instruction)?

ESPROVCO/R NAME OF COMPANY _____

B17. Did you receive any of this employer support because it was part of a union agreement?

ESUNION YES 1
 NO 2

B18. If you had it to do again, would you take the ESL class?

ESAGAIN YES 1
 NO 2

Go to box before C1.

For Non-Participants

B19. In the past 12 months, did you have an interest in taking any English as a Second Language classes?

ESINTRST YES 1 (GO TO B20)
 NO 2 (GO TO BOX BEFORE C1)

B20. Would you say that you were very interested, somewhat interested, or slightly interested in taking ESL classes?

ESHOWINT VERY INTERESTED 1
 SOMEWHAT INTERESTED 2
 SLIGHTLY INTERESTED 3

B21. Of the ESL classes that you were interested in, did you know of any classes you could have taken in the past 12 months?

ESKNOW YES 1 (GO TO BOX BEFORE B22)
 NO 2 (GO TO BOX BEFORE C1)

If NUMKID10 = 0, do not display B22c.

B22. Now, I'm going to read a short list of things that may have prevented you from taking ESL classes. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...
 [PROBE: Was that a major, minor, or not an obstacle?]
 [IF RESPONDENTS ANSWER "NO" IN B22e, ENTER "3" AND GO TO BOX BEFORE B23.
 ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | MA | MI | NOT |
|------------|--|----|----|-----|
| ESPRTIME | a. Time | 1 | 2 | 3 |
| ESPRCOST | b. Money or cost | 1 | 2 | 3 |
| ESPRCHIL | c. Child care | 1 | 2 | 3 |
| ESPRTRAN | d. Transportation | 1 | 2 | 3 |
| ESPROTH | e. Was there any other obstacle? | 1 | 2 | 3 |
| ESPROTOS/R | What was that? _____ | | | |
| ESPROTHC | PERSONAL/FAMILY PROBLEM | 1 | | |
| | HEALTH PROBLEM | 2 | | |
| | DISTANCE/LOCATION | 3 | | |
| | AGE | 4 | | |
| | MOTIVATION | 5 | | |
| | AVAILABILITY OF COURSES | 6 | | |
| | QUALIFICATION/REQUIREMENTS | 7 | | |
| | WORK | 8 | | |
| | OTHER | 9 | | |

*If only one major in B22,
 autocode B23 = B22 major.
 Else, display categories rated major in B22.
 If only one minor and no major in B22,
 autocode B23 = B22 minor.
 Else, display categories rated minor in B22.
 If no major and no minor in B22, go to box before C1.*

B23. [DISPLAY RESPONSES IN B22]
 Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking ESL classes?

| | | | |
|---------|------------------------------|---|-----------------------|
| ESPRGEN | TIME | 1 | (GO TO B24A) |
| | MONEY OR COST | 2 | (GO TO B24B) |
| | CHILD CARE | 3 | (GO TO B24C) |
| | TRANSPORTATION | 4 | (GO TO B24D) |
| | (RESPONSE IN B22e) | 5 | (GO TO BOX BEFORE C1) |

*If A6 NE 1 (not worked in the past 12 months),
 do not display B24Ac and B24Ad.
 If NUMKID10 = 0, do not display B24Bc.
 If B24Ag, B24Be, B24Cc, B24Dd = 1 or 2,
 collect verbatim responses.*

B24.

[DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN B23]

Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking ESL classes. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...

[PROBE: Was that a major, minor, or not an obstacle?]

[IF RESPONDENTS ANSWER "NO" IN B24Ag, B24Be, B24Cc, B24Dd, ENTER "3" AND GO TO BOX BEFORE B25.

ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | MA | MI | NOT |
|------------|--|----|----|-----|
| | <u>A. TIME</u> | | | |
| ESTIFAM | a. A desire to spend time with your family | 1 | 2 | 3 |
| ESTICHOR | b. A need to take care of family duties or chores around the house. | 1 | 2 | 3 |
| ESTICLHR | c. Being unable to take classes offered only during work hours. | 1 | 2 | 3 |
| ESTIWORK | d. Work responsibilities that do not permit you to take classes either during or after work hours. | 1 | 2 | 3 |
| ESTIACTI | e. Activities outside of work that conflict with class schedule. | 1 | 2 | 3 |
| ESTITRAV | f. The travel time to and from classes | 1 | 2 | 3 |
| ESTIOTH | g. Another time related problem | 1 | 2 | 3 |
| ESSPOTOS/R | What was that? _____ | | | |
| | <u>B. MONEY OR COST</u> | | | |
| ESMOTUIT | a. The amount of tuition and fees for classes . . . | 1 | 2 | 3 |
| ESMOBOOK | b. The cost of books and supplies for classes . . . | 1 | 2 | 3 |
| ESMOCHIL | c. The cost of child care. | 1 | 2 | 3 |
| ESMOTRAN | d. The cost of transportation. | 1 | 2 | 3 |
| ESMOOTH | e. Another money or cost related problem | 1 | 2 | 3 |
| ESSPOTOS/R | What was that? _____ | | | |
| | <u>C. CHILD CARE</u> | | | |
| ESCHCOST | a. The cost of child care | 1 | 2 | 3 |
| ESCHAVAL | b. The availability of child care. | 1 | 2 | 3 |
| ESCHOTH | c. Another problem with child care. | 1 | 2 | 3 |
| ESSPOTOS/R | What was that? _____ | | | |
| | <u>D. TRANSPORTATION</u> | | | |
| ESTRCOST | a. The cost of transportation. | 1 | 2 | 3 |
| ESTRAVAL | b. The availability of transportation. | 1 | 2 | 3 |
| ESTRTIME | c. The travel time to and from courses. | 1 | 2 | 3 |
| ESTROTH | d. Another problem with transportation. | 1 | 2 | 3 |
| ESSPOTOS/R | What was that? _____ | | | |

*If only one major in B24, autocode B25 = B24 major.
Else, display only categories rated major in B24.
If only one minor and no major in B24,
autocode B25 = B24 minor.
Else, display only categories rated minor in B24.
If no major and no minor in B24,
go to box before C1.*

B25.

[DISPLAY CATEGORIES IN B24]

Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?

ESPRSPEC

[IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME

- A DESIRE TO SPEND TIME WITH YOUR FAMILY. 1
- A NEED TO TAKE CARE OF FAMILY DUTIES
OR CHORES AROUND THE HOUSE. 2
- BEING UNABLE TO TAKE CLASSES OFFERED
ONLY DURING WORK HOURS. 3
- WORK RESPONSIBILITIES THAT DO NOT
PERMIT YOU TO TAKE CLASSES EITHER DURING
OR AFTER WORK HOURS. 4
- ACTIVITIES OUTSIDE OF WORK THAT
CONFLICT WITH CLASS SCHEDULE. 5
- THE TRAVEL TIME TO AND FROM CLASSES. 6
- (VERBATIM RESPONSE IN B24Ag) 7

B. MONEY OR COST

- THE AMOUNT OF TUITION AND FEES FOR CLASSES 8
- THE COST OF BOOKS AND SUPPLIES FOR CLASSES 9
- THE COST OF CHILD CARE 10
- THE COST OF TRANSPORTATION 11
- (VERBATIM RESPONSE IN B24Be) 12

C. CHILD CARE

- THE COST OF CHILD CARE 13
- THE AVAILABILITY OF CHILD CARE 14
- (VERBATIM RESPONSE IN B24Cc) 15

D. TRANSPORTATION

- THE COST OF TRANSPORTATION 16
- THE AVAILABILITY OF TRANSPORTATION 17
- THE TRAVEL TIME TO AND FROM CLASSES. 18
- (VERBATIM RESPONSE IN B24Dd) 19

*Ask C1 if A2 NE 1 (no high school diploma) or
A4 = 1 (received high school diploma
in the last 12 months).
If A3 NE 1 (foreign high school diploma), ask C1.
Else, go to D1.*

C. BASIC SKILLS AND GED PREPARATION

C1. Not including regular day-time high school classes, during the past 12 months, did you have a tutor or take any classes:

| | | YES | NO |
|----------|--|-----|----|
| BSIMPROV | a. To improve your basic reading, writing, and math skills? | 1 | 2 |
| BSGED | b. To prepare to take the General Educational Development, or GED? | 1 | 2 |
| BSHSEQUV | c. In some other high school equivalency program or adult high school program? | 1 | 2 |

*If any C1a, b, or c = 1, then ask C2.
If A3 NE 1 (foreign high school diploma)
and C1a-c NE 1, go to D1.
Else, go to C18.*

For Participants

C2. What was the main reason you took basic skills or high school completion classes?
[PROBE: READ LIKELY ANSWER(S)]

| | | |
|------------|---|----|
| BSREASON | TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB | 1 |
| | TO TRAIN FOR A NEW JOB OR A NEW CAREER | 2 |
| | TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS | 3 |
| | TO MEET A REQUIREMENT FOR A HIGH SCHOOL DIPLOMA OR GED | 4 |
| BSREAOS1/R | SPECIFY _____ A PERSONAL, FAMILY, OR SOCIAL REASON | 5 |
| | TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OTHER THAN A HIGH SCHOOL DIPLOMA OR GED | 6 |
| BSREAOS2/R | SOME OTHER MAIN REASON | 91 |
| | SPECIFY _____ | |

C3. During the past 12 months, were you a full-time or part-time student in these classes or both?

| | | |
|--------|---------------------|---|
| BSTIME | FULL-TIME | 1 |
| | PART-TIME | 2 |
| | BOTH | 3 |

C4. How did you learn about the classes?

BSLEARN FAMILY 1
FRIEND/NEIGHBOR 2
NEWSPAPER/RADIO/TV 3
POSTER/FLYER/MAIL/CATALOGUE 4
EMPLOYER 5
SCHOOL 6
SOCIAL AGENCY 7
OTHER 91
BSLEAROS/R SPECIFY _____

C5. In the past 12 months, how many weeks did you attend basic skills or high school completion classes?

[DO NOT ROUND - USE DECIMAL IF NEEDED]

BSWHEN NUMBER ☐☐

BSWHENUN Unit
DAYS 1 (GO TO C6)
WEEKS 2 (GO TO C6)
MONTHS 3 (GO TO C6)
SEMESTER 4 (GO TO C6)
QUARTER 5 (GO TO C6)
OTHER 91 (GO TO C5OV)
BSWHENOS/R SPECIFY _____

C5OV. How many weeks was that?

BSWKS NUMBER ☐☐

Collect number; autocode unit.

C6. For about how many hours (per day/per week) did you attend during the time you were going to the classes?

BSHRS NUMBER ☐☐

BSHRSUNT Unit
PER DAY 1
PER WEEK 2

C7. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take basic skills or high school completion classes?

BSTUITON AMOUNT \$☐☐☐☐

C8. [DISPLAY PREVIOUS PROVIDER, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for these basic skills or high school completion classes?
[IF MORE THAN ONE PROVIDER, PROBE FOR ORGANIZATION THAT PROVIDED MAJORITY OF INSTRUCTION IN THE PAST 12 MONTHS. RECORD OTHER PROVIDERS IN COMMENTS.]

BSPROVID/R INSTRUCTIONAL PROVIDER _____

*If provider is same and previously coded,
copy information to C9.*

C9. [DISPLAY PROVIDER STRING]
Would that be...?

BSPROVTY [READ LIKELY ANSWER(S)]

| | | |
|-----------------|--|----|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school | 1 |
| | A 2-year community or junior college | 2 |
| | A public 2-year vocational school or technical institute | 3 |
| | A 4-year college or university | 4 |
| | A private vocational, trade, business, hospital, or flight school | 5 |
| | An adult learning center | 6 |
| <u>BUS/ASSO</u> | A business or industry | 7 |
| | A professional association | 8 |
| <u>GOVMT</u> | A federal, state, county, or local government agency | 9 |
| | A public library | 10 |
| <u>PRIVATE</u> | A private community organization | 11 |
| | A church or religious organization | 12 |
| | A tutor or private instructor | 13 |
| <u>OTHER</u> | Some other organization | 91 |
| BSPROVOS/R | SPECIFY _____ | |

C10. [DISPLAY PROVIDER AND LOCATION PREVIOUSLY CODED. IF SAME, ENTER NUMBER.]
Where did you take the basic skills or high school completion classes?

BSPLACID/R LOCATION _____

*If same and previously coded location,
copy information to C11.*

C11. [DISPLAY LOCATION STRING]
Would that be...?
BSPLACE [READ LIKELY ANSWER(S)]

| | | |
|-----------------|--|----|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school | 1 |
| | A 2-year community or junior college | 2 |
| | A public 2-year vocational school or technical institute | 3 |
| | A 4-year college or university | 4 |
| | A private vocational, trade, business, hospital, or flight school | 5 |
| | An adult learning center | 6 |
| <u>BUS/ASSO</u> | A business or industry | 7 |
| | A professional association | 8 |
| <u>GOVMT</u> | A federal, state, county, or local government agency | 9 |
| | A public library | 10 |
| <u>PRIVATE</u> | A private community organization | 11 |
| | A church or religious organization | 12 |
| | A tutor or private instructor | 13 |
| <u>OTHER</u> | Some other organization | 91 |
| BSPLACOS/R | SPECIFY _____ | |

*If C9 = 2,3,4,5, then go to C110V.
Else go to box before C12.
If provider is a school previously mentioned,
copy information to C110V and, if A6 = 1 (worked in
the past 12 months), to C12.*

C110V. In what city and state is the school located?

BSPROVCI/R CITY _____
BSPROVST/R STATE _____

*If A6 NE 1 (not worked in the past 12 months),
then go to C17.
If A7 = 1 and A8 NE 1 (self-employed only),
then go to C17.*

C12. Was (DISPLAY PROVIDER STRING) also your employer?

BSPROVEM YES 1 (GO TO C14)
NO 2 (GO TO C13)

If C12 = 1, then autocode C13 = 1.

C13. (Not counting your self-employment,) Was your employer aware that you were taking
or took the basic skills or high school completion class?

BSAWARE YES 1
NO 2

*If C13 NE 1 (employer was not aware),
then go to box after C14.*

| | | | | | |
|----------|----|--|---|-----|----|
| C14. | | Did your employer . . . | | YES | NO |
| BSEMPREQ | a. | Require you to take these classes? | 1 | 2 | |
| BSEMPWP | b. | Give you time off from work with or without pay? . | 1 | 2 | |
| BSEMPSPA | c. | Provide classroom space? | 1 | 2 | |
| BSEMPPAY | d. | Pay all or part of the cost, including tuition, books, and supplies, and other costs like transportation? . | 1 | 2 | |

If C12 NE 1 and no C14b-d = 1 (no support for basic skills), then go to C17.

If C12 = 1 (employer provided instruction) or any C14b-d = 1 (support for basic skills) and A9 = > 2 (more than one employer in the past 12 months), then go to C15. If C12 = 1 (employer provided instruction) or any C14b-d = 1 (support for basic skills) and A9 = 1 (one employer), then go to C16.

C15. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]

What was the name of the company that provided the support (including the instruction)?

BSPROVCO/R NAME OF COMPANY _____

C16. Did you receive any of this employer support because it was part of a union agreement?

| | | |
|---------|---------------|---|
| BSUNION | YES | 1 |
| | NO | 2 |

C17. If you had it to do again, would you take the basic skills or high school completion class?

| | | |
|---------|---------------|---|
| BSAGAIN | YES | 1 |
| | NO | 2 |

Go to D1.

For Non-Participants

C18. In the past 12 months, did you have an interest in taking any basic skills or high school completion classes?

| | | | |
|-----------------|-----------|---|-------------|
| BSINTRST | YES | 1 | (GO TO C19) |
| | NO | 2 | (GO TO D1) |

C19. Would you say that you were very interested, somewhat interested, or slightly interested in taking basic skills or high school completion classes?

| | | |
|-----------------|---------------------------|---|
| BSHOWINT | VERY INTERESTED | 1 |
| | SOMEWHAT INTERESTED | 2 |
| | SLIGHTLY INTERESTED | 3 |

C20. Of the basic skills or high school completion classes you were interested in, did you know of any classes you could have taken in the past 12 months?

| | | | |
|---------------|-----------|---|-------------|
| BSKNOW | YES | 1 | (GO TO C21) |
| | NO | 2 | (GO TO D1) |

| |
|--|
| <i>If NUMKID10 = 0, do not display C21c.</i> |
|--|

C21. Now, I'm going to read a short list of things that may have prevented you from taking basic skills or high school completion classes. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...

[PROBE: Was that a major, minor, or not an obstacle?]

[IF RESPONDENTS ANSWER "NO" IN C21e, ENTER "3" AND GO TO BOX BEFORE C22.

ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | | MA | MI | NOT |
|-------------------|----|-------------------------------------|----|----|-----|
| BSPRTIME | a. | Time | 1 | 2 | 3 |
| BSPRCOST | b. | Money or cost | 1 | 2 | 3 |
| BSPRCHIL | c. | Child care | 1 | 2 | 3 |
| BSPRTRAN | d. | Transportation | 1 | 2 | 3 |
| BSPROTH | e. | Was there any other obstacle? | 1 | 2 | 3 |
| BSPROTOS/R | | What was that? _____ | | | |

| | | |
|-----------------|---|---|
| BSPROTHC | <i>PERSONAL/FAMILY PROBLEM</i> | 1 |
| | <i>HEALTH PROBLEM</i> | 2 |
| | <i>DISTANCE/LOCATION</i> | 3 |
| | <i>AGE</i> | 4 |
| | <i>MOTIVATION</i> | 5 |
| | <i>AVAILABILITY OF COURSES</i> | 6 |
| | <i>QUALIFICATION/REQUIREMENTS</i> | 7 |
| | <i>WORK</i> | 8 |
| | <i>OTHER</i> | 9 |

*If only one major in C21,
autocode C22 = C21 major.
Else, display categories rated major in C21.
If only one minor and no major in C21,
autocode C22 = C21 minor.
Else, display categories rated minor in C21.
If no major and no minor in C21, go to D1.*

C22.

[DISPLAY RESPONSES IN C21]
Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking basic skills or high school completion classes?

| | | | |
|---------|------------------------------|---|--------------|
| BSPRGEN | TIME | 1 | (GO TO C23A) |
| | MONEY OR COST | 2 | (GO TO C23B) |
| | CHILD CARE | 3 | (GO TO C23C) |
| | TRANSPORTATION | 4 | (GO TO C23D) |
| | (RESPONSE IN C21e) | 5 | (GO TO D1) |

*If A6 NE 1 (not worked in the past 12 months),
do not display C23Ac and C23Ad.
If NUMKID10 = 0, do not display C23Bc.
If C23Ag, C23Be, C23Cc, C23Dd = 1 or 2,
collect verbatim responses.*

C23.

[DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN C22]

Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking basic skills or high school completion classes. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...

[PROBE: Was that a major, minor, or not an obstacle?]

[IF RESPONDENTS ANSWER "NO" IN C23Ag, C23Be, C23Cc, C23Dd, ENTER "3" AND GO TO BOX BEFORE C24.

ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | MA | MI | NOT |
|------------|--|----|----|-----|
| | <u>A. TIME</u> | | | |
| BSTIFAM | a. A desire to spend time with your family | 1 | 2 | 3 |
| BSTICHOR | b. A need to take care of family duties or chores around the house. | 1 | 2 | 3 |
| BSTICLHR | c. Being unable to take classes offered only during work hours. | 1 | 2 | 3 |
| BSTIWORK | d. Work responsibilities that do not permit you to take classes either during or after work hours. | 1 | 2 | 3 |
| BSTIACTI | e. Activities outside of work that conflict with class schedule. | 1 | 2 | 3 |
| BSTITRAV | f. The travel time to and from classes | 1 | 2 | 3 |
| BSTIOTH | g. Another time related problem | 1 | 2 | 3 |
| BSSPOTOS/R | What was that? _____ | | | |
| | <u>B. MONEY OR COST</u> | | | |
| BSMOTUIT | a. The amount of tuition and fees for classes . . . | 1 | 2 | 3 |
| BSMOBOOK | b. The cost of books and supplies for classes . . . | 1 | 2 | 3 |
| BSMOCHIL | c. The cost of child care. | 1 | 2 | 3 |
| BSMOTRAN | d. The cost of transportation. | 1 | 2 | 3 |
| BSMOOTH | e. Another money or cost related problem | 1 | 2 | 3 |
| BSSPOTOS/R | What was that? _____ | | | |
| | <u>C. CHILD CARE</u> | | | |
| BSCHCOST | a. The cost of child care | 1 | 2 | 3 |
| BSCHAVAL | b. The availability of child care. | 1 | 2 | 3 |
| BSCHOTH | c. Another problem with child care. | 1 | 2 | 3 |
| BSSPOTOS/R | What was that? _____ | | | |
| | <u>D. TRANSPORTATION</u> | | | |
| BSTRCOST | a. The cost of transportation. | 1 | 2 | 3 |
| BSTRAVAL | b. The availability of transportation. | 1 | 2 | 3 |
| BSTRTIME | c. The travel time to and from classes. | 1 | 2 | 3 |
| BSTROTH | d. Another problem with transportation. | 1 | 2 | 3 |
| BSSPOTOS/R | What was that? _____ | | | |

*If only one major in C23, autocode C24 = C23 major.
Else, display only categories rated major in C23.
If only one minor and no major in C23,
autocode C24 = C23 minor.
Else, display only categories rated minor in C23.
If no major and no minor in C23,
go to D1.*

C24.

[DISPLAY CATEGORIES IN C23]

Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?

BSPRSPEC

[IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME

| | |
|---|---|
| A DESIRE TO SPEND TIME WITH YOUR FAMILY. | 1 |
| A NEED TO TAKE CARE OF FAMILY DUTIES OR CHORES AROUND THE HOUSE. | 2 |
| BEING UNABLE TO TAKE CLASSES OFFERED ONLY DURING WORK HOURS. | 3 |
| WORK RESPONSIBILITIES THAT DO NOT PERMIT YOU TO TAKE CLASSES EITHER DURING OR AFTER WORK HOURS. | 4 |
| ACTIVITIES OUTSIDE OF WORK THAT CONFLICT WITH CLASS SCHEDULE. | 5 |
| THE TRAVEL TIME TO AND FROM CLASSES. | 6 |
| (VERBATIM RESPONSE IN C23Ag) | 7 |

B. MONEY OR COST

| | |
|--|----|
| THE AMOUNT OF TUITION AND FEES FOR CLASSES | 8 |
| THE COST OF BOOKS AND SUPPLIES FOR CLASSES | 9 |
| THE COST OF CHILD CARE | 10 |
| THE COST OF TRANSPORTATION | 11 |
| (VERBATIM RESPONSE IN C23Be) | 12 |

C. CHILD CARE

| | |
|--|----|
| THE COST OF CHILD CARE | 13 |
| THE AVAILABILITY OF CHILD CARE | 14 |
| (VERBATIM RESPONSE IN C23Cc) | 15 |

D. TRANSPORTATION

| | |
|--|----|
| THE COST OF TRANSPORTATION | 16 |
| THE AVAILABILITY OF TRANSPORTATION | 17 |
| THE TRAVEL TIME TO AND FROM CLASSES. | 18 |
| (VERBATIM RESPONSE IN C23Dd) | 19 |

D. CREDENTIAL

D1. (Not including the classes you told us about earlier,) During the past 12 months, did you take any courses that are part of a program, or a series of courses associated with a program leading toward...

| | | YES | NO |
|-----------|---|-----|----|
| CRDEGREE | a. A college or university degree, such as an associate's, bachelor's, or graduate degree? | 1 | 2 |
| CRVOC DIP | b. A diploma or certificate from a vocational or technical school after high school or a formal vocational training program | 1 | 2 |

If D1a or b = 1, then ask D2. Else, go to E1.

For Participants

D2. In how many of these degree, diploma, or certificate programs were you enrolled during the past 12 months?

*(see note below) NUMBER ☐☐

D3. In what type of degree, diploma, or certificate program(s) were you working?
[CODE UP TO 5 - CATEGORIES CAN BE ENTERED MORE THAN ONCE FOR MULTIPLE PROGRAMS OF THE SAME PROGRAM TYPE.]

| | | |
|------------|--|----|
| CRDIPLO1- | VOC/TECH DIPLOMA AFTER HIGH SCHOOL, | |
| CRDIPLO3 | BUT BELOW BACHELOR'S DEGREE | 1 |
| | ASSOCIATE'S DEGREE | 2 |
| | BACHELOR'S DEGREE | 3 |
| | MASTER'S DEGREE | 4 |
| | DOCTORATE (PHD, EDD) | 5 |
| | PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . . | 6 |
| | ANOTHER DEGREE | 91 |
| CRDIPOS1- | SPECIFY _____ | |
| CRDIPOS3/R | | |

Ask D4 for each program coded in D3.

D4. What was the major subject or field of study of your (CREDENTIAL)?

CRMAJOR1- SPECIFY _____
CRMAJOR3/R

NOTE: Respondents' answers to item D2 do not exist on the data file. Instead, a derived variable called CRDIPNEW is included on the file which is a count of the number of entries at item D4. CRDIPNEW indicates the actual number of credential programs the respondent reported and appears in the derived variable section of the data file.

For Each Program Mentioned

Now let's talk about your (CREDENTIAL) in (SUBJECT).

*Ask D5 - D20 for each program mentioned.
For second program on, if D6 = 1 (same main reason),
go to box after D6.*

D5. What was the main reason you were working on the (CREDENTIAL) in (SUBJECT)?
[PROBE: READ LIKELY ANSWER(S)]

CRREASO1-
CRREASO3

TO IMPROVE, ADVANCE, OR KEEP UP TO DATE
ON CURRENT JOB 1
TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
TO IMPROVE YOUR BASIC READING, WRITING,
OR MATH SKILLS 3
TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR
CERTIFICATE OF COMPLETION 4
A PERSONAL, FAMILY, OR SOCIAL REASON, 5
SOME OTHER MAIN REASON 91
SPECIFY _____

CR1RSN2-
CR3RSN2/R

*If D2 = 1 (one credential program), then go to D7.
Else, ask D6 only for first program cycle.*

D6. Did you have the same main reason for participating in your other program(s)?

* YES 1
NO 2

*If D6 = 1 (same main reason),
autocode D5 for each additional program.*

D7. a. In the past 12 months, how many months were you enrolled in this program on a full-time basis?

CRTRMFT1- MONTHS ☐ ☐
CRTRMFT3

b. How about on a part-time basis?

CRTRMPT1- MONTHS ☐ ☐
CRTRMPT3

Ask D7c if D7a+D7b => 13 months. Else, go to D8.

c. Were you going to two or more different schools at the same time?

CRSCHLS1- YES 1
CRSCHLS3 NO 2

D8. How many courses have you taken for your (CREDENTIAL) in (SUBJECT) in the past 12 months?

CR12NUM1- NUMBER ☐☐
CR12NUM3

*If D7b = > 1 (more than one month on part-time basis),
then ask D9. If D7a = 0 (only part-time),
then autocode D9 = D8 and go to box before D10.
Else, go to box before D10.*

D9. How many of these (NUMBER FROM D8) courses did you take as a part-time student in the past 12 months?

CRPTNUM1- NUMBER ☐☐
CRPTNUM3 (see note below)

*If D7b = 0 (full-time only), then go to box before D12.
Else, ask D10.*

D10. Let's talk about courses you took as a part-time student in the past 12 months. What (was/were) the name(s) of the course(s) and what was the general subject matter for each course in (CREDENTIAL) in (SUBJECT)?

| | | |
|--------------------|------------|---------------|
| CR1CLS1-CR1CLS14/R | NAME _____ | SUBJECT _____ |
| CR2CLS1-CR2CLS14/R | NAME _____ | SUBJECT _____ |
| CR3CLS1-CR3CLS14/R | NAME _____ | SUBJECT _____ |
| CR1SUB1-CR1SUB14/R | NAME _____ | SUBJECT _____ |
| CR2SUB1-CR2SUB14/R | | |
| CR3SUB1-CR3SUB14/R | | |

*If D3 = 1 (vocational diploma or certificate program),
then ask D11. Else, go to box before D12.*

D11. How long does the vocational diploma or certificate program last?

CR1LENUM- NUMBER ☐☐
CR3LENUM
CRLENUN1-
CRLENUN3

| | |
|--------------|---|
| <u>Unit</u> | |
| HOURS | 1 |
| DAYS | 2 |
| WEEKS | 3 |
| MONTHS | 4 |
| YEARS | 5 |

*If full-time only, ask D12a.
If part-time only, ask D12b.
If full-time and part-time, ask D12a and D12b.*

NOTE: In addition, the derived variables CRPTNEW1, CRPTNEW2 and CRPTNEW3 are counts of the number of entries at item D10. These variables appear in the derived variable section of the data file.

D12. a. (When you were attending full-time,) How many hours per week were you scheduled to attend school for your (CREDENTIAL) in (SUBJECT)?
[IF RESPONDENT REPORTS CREDIT HOURS: We are interested in the actual hours you scheduled rather than credit hours.]

CRFTHRS1- HOURS PER WEEK FULL-TIME ☐☐
CRFTHRS3

b. (When you were attending part-time,) How many hours per week were you scheduled to attend school for your (CREDENTIAL) in (SUBJECT)?
[IF RESPONDENT REPORTS CREDIT HOURS: We are interested in the actual hours you scheduled rather than credit hours.]

CRPTHRS1- HOURS PER WEEK PART-TIME ☐☐
CRPTHRS3

D13. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (CREDENTIAL) in (SUBJECT)?

CRTUITO1- AMOUNT \$☐☐☐☐
CRTUITO3

D14. [DISPLAY PREVIOUS PROVIDER. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for your (CREDENTIAL) in (SUBJECT)?

CRPROVI1- INSTRUCTIONAL PROVIDER _____
CRPROVI3/R

*If provider is same and previously coded,
copy information to D15, D15OV2, and,
if A6 = 1 (worked in the past 12 months), to D16.*

D15. [DISPLAY PROVIDER STRING]
Would that be...?

CR1PRTYP- [READ LIKELY ANSWER(S)]
CR3PRTYP

- | | |
|-----------------|--|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school 1 (GO TO BOX BEFORE D16) |
| | A 2-year community or junior college 2 (GO TO D15OV) |
| | A public 2-year vocational school or technical institute 3 (GO TO D15OV) |
| | A 4-year college or university 4 (GO TO D15OV) |
| | A private vocational, trade, business, hospital, or flight school 5 (GO TO D15OV) |
| | An adult learning center 6 (GO TO BOX BEFORE D16) |
| <u>BUS/ASSO</u> | A business or industry 7 (GO TO BOX BEFORE D16) |
| | A professional association 8 (GO TO BOX BEFORE D16) |
| <u>GOVMT</u> | A federal, state, county, or local government agency 9 (GO TO BOX BEFORE D16) |
| | A public library 10 (GO TO BOX BEFORE D16) |
| <u>PRIVATE</u> | A private community organization 11 (GO TO BOX BEFORE D16) |
| | A church or religious organization 12 (GO TO BOX BEFORE D16) |
| | A tutor or private instructor 13 (GO TO BOX BEFORE D16) |
| <u>OTHER</u> | Some other organization 91 (GO TO BOX BEFORE D16) |

CR1PRVOS- SPECIFY _____
CR3PRVOS/R

D15OV. In what city and state is the school located?

CR1PRCTY-CR3PRCTY/R CITY _____
CR1PRVST-CR3PRVST/R STATE _____

*If A6 NE 1 (not worked in the past 12 months),
then go to D21.
If A7 = 1 and A8 NE 1 (self-employed only),
then go to D21.*

D16. Was that also your employer?

CR1PREMP- YES 1
CR3PREMP NO 2

*If D16 NE 1, go to D17.
If D15 = 2,3,4,5 and D16 = 1 (provider is educational
institute and employer), ask D16OV.*

D16OV. Was your employment an assistantship, a fellowship, or part of a work study program?

CR1ASSIS- YES 1 (GO TO D16OV2)
CR3ASSIS NO 2 (GO TO BOX)

D16OV2. Are you currently receiving an assistantship, a fellowship, or work study support?

CRCURAS1- YES 1 (GO TO D21)
CRCURAS3 NO 2 (GO TO BOX)

*If D16OV = 1, go to D21.
Else, if D16 = 1, autocode D17 = 1.*

D17. (Not counting your self employment,) Was your employer aware that you were taking or took the (CREDENTIAL) in (SUBJECT)?

CRAWARE1- YES 1
CRAWARE3 NO 2

If D17 NE 1, then go to box after D18.

D18. Did your employer . . .

| | | YES | NO |
|-------------------|---|-----|----|
| CR1EMREQ-CR3EMREQ | a. Require you to take a (CREDENTIAL) in (SUBJECT)? | 1 | 2 |
| CR1EMPWP-CR3EMPWP | b. Give you time off from work with or without pay? | 1 | 2 |
| CR1EMSPA-CR3EMSPA | c. Provide classroom space? | 1 | 2 |
| CR1EMPAY-CR3EMPAY | d. Pay all or part of the cost, including tuition, books, and other costs like transportation? | 1 | 2 |

If D16 NE 1 (no instruction) and no D18b-d = 1 (no support), go to D21.

If D16 = 1 (employer provided instruction) or any D18b-d = 1 (support for credential) and A9 = > 2 (more than one employer in the past 12 months), then go to D19.

If D16 = 1 (employer provided instruction) or any D18b-d = 1 (support for credential) and A9 = 1 (one employer in the past 12 months), then go to D20.

D19. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
 What was the name of the company that provided the support (including the instruction)?

CRPROVC1- NAME OF COMPANY _____
 CRPROVC3/R

D20. Did you receive any of this employer support because it was part of a union agreement?

CRUNION1- YES 1
 CRUNION3 NO 2

Return to D3 for next listed program.

After last D3 program has been cycled through, go to D21.

D21. Did you participate in any other degree, diploma, or certificate programs during the past 12 months?

* YES 1 (BACK TO D3)
 NO 2 (GO TO E1)

E. APPRENTICESHIP

E1. During the past 12 months, were you in a formal apprenticeship program leading to journeyman status in a skilled trade or craft?

APPRENTI YES 1 (GO TO E1OV)
 NO 2 (GO TO F1)

For Participants

E1OV. Are you still in that program?

APSTILL YES 1
 NO 2

E2. In what trade or craft (are you an/did you) apprentice?

APTRADE/R SPECIFY _____

E3. Did you have to take an admission test to get into the program?

APTEST YES 1
 NO 2

E4. Who sponsors the program? Is it...

| | | YES | NO |
|------------|--|-----|----|
| APEMPLY | a. An employer? | 1 | 2 |
| APUNION | b. A labor union? | 1 | 2 |
| APSTAGOV | c. The local or state government? | 1 | 2 |
| APFEDGOV | d. The federal government? | 1 | 2 |
| APOTHER | e. Anyone else? | 1 | 2 |
| APOTHEOS/R | Who was that? _____ | | |

E5. How long does the whole apprenticeship program last?

APLENNUM NUMBER ☐☐

APLENUNT Unit
 WEEKS 1
 MONTHS 2
 YEARS 3

E6. How many hours per week are scheduled for on-the-job training?

APOJTHRS NUMBER ☐☐

E7. How many hours per week of formal classroom instruction are scheduled?

APOTHRS NUMBER ☐☐

F. CAREER OR JOB RELATED ACTIVITIES

- F1. Now, I'd like to ask about courses related to a job or career, whether or not you had a job when you took the courses. (Please don't include courses you already told me about.) Some examples are courses taken at your job, courses taken somewhere else that relate to your job or a new career, or courses for a license or certification you need for your job. Have you taken any of these in the past 12 months?

WRACTY YES 1 (GO TO F2)
 NO 2 (GO TO F18)

For Participants

- F2. (Not counting courses you took for a credential program,) how many career or job related courses did you take during the past 12 months?

*(see note below) NUMBER ☐☐

WRCOURSE. Now, I'm going to ask about the name(s) and general subject matter of the course(s) you took. By general subject matter we mean the broad topic area, such as business management, computer software, auto mechanics, and so on.

- F3. What was the course name(s) and what was the general subject matter for (this/each) course?

| | | |
|-----------|------------|---------------|
| WRNAME1- | NAME _____ | SUBJECT _____ |
| WRNAME6/R | NAME _____ | SUBJECT _____ |
| WRSUBJ1- | NAME _____ | SUBJECT _____ |
| WRSUBJ6/R | NAME _____ | SUBJECT _____ |

For Each Selected Course

*Ask F4 - F16 for each course mentioned.
For second course on, if F5 = 1,
then go to box after F5.*

- F4. (Rather than asking you to tell us about all these courses, the computer has selected some of them automatically.) Let's start with (COURSE NAME). What was the main reason you took part in (COURSE NAME)?
[PROBE: READ LIKELY ANSWER(S)]

| | | |
|-----------|--|----|
| WRREAS01- | TO IMPROVE, ADVANCE, OR KEEP UP TO DATE | |
| WRREAS06 | ON CURRENT JOB | 1 |
| | TO TRAIN FOR A NEW JOB OR A NEW CAREER | 2 |
| | TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS | 3 |
| | TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION | 4 |
| | A PERSONAL, FAMILY, OR SOCIAL REASON | 5 |
| WR1RSN2- | SOME OTHER MAIN REASON | 91 |
| WR6RSN2/R | SPECIFY _____ | |

NOTE: Respondents' answers to item F2 do not exist on the data file. Instead, a derived variable called WRNEW is included on the file which is a count of the number of career- or job-related courses reported at item F3. WRNEW appears in the derived variable section of the data file.

*If F2 = 1 (one career or job related course),
then go to F6
Else, ask F5 only for first course cycle.*

F5. Did you have the same main reason for participating in your other career or job related course(s)?

* YES 1
NO 2

If F5 = 1, autocode F4 for each additional course.

F6. In the past 12 months, how many weeks did you attend?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

| | | |
|--|--|--------------|
| WRWHEN1- WRWHEN6 WRWHNUN1- WRWHNUN6 | NUMBER <input type="checkbox"/> <input type="checkbox"/> | |
| | <u>Unit</u> | |
| | DAYS 1 | (GO TO F7) |
| | WEEKS 2 | (GO TO F7) |
| | MONTHS 3 | (GO TO F7) |
| | SEMESTER 4 | (GO TO F7) |
| | QUARTER 5 | (GO TO F7) |
| WR1WHNOS- WR6WHNOS/R | OTHER 91 | (GO TO F6OV) |
| | SPECIFY _____ | |

F6OV. How many weeks was that?

WRWKS1-WRWKS6 WEEKS ☐☐

Collect Number; autocode unit.

F7. For about how many hours (per day/per week) did you attend?

| | | |
|--|--|--|
| WRHRS1- WRHRS6 WRHRUNT1- WRHRUNT6 | NUMBER <input type="checkbox"/> <input type="checkbox"/> | |
| | <u>Unit</u> | |
| | PER DAY 1 | |
| | PER WEEK 2 | |

F8. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (COURSE NAME)?

WRTUITO1-
WRTUITO6 AMOUNT \$☐☐☐☐

F9. [DISPLAY PREVIOUS PROVIDER, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for (COURSE NAME)?

WRPROVI1-
WRPROVI6/R INSTRUCTIONAL PROVIDER _____

*If provider is same and previously coded,
copy information to F10, F100V, and, if A6 = 1 (worked
in the past 12 months), to F11.*

F10. [DISPLAY PROVIDER STRING]
Would that be...?

WR1PRTYP- [READ LIKELY ANSWER(S)]

WR6PRTYP

SCHOOL

An elementary school, junior high school,
or high school 1 (GO TO BOX AFTER F100V)
A 2-year community or junior college 2 (GO TO F100V)
A public 2-year vocational school or
technical institute 3 (GO TO F100V)
A 4-year college or university 4 (GO TO F100V)
A private vocational, trade, business, hospital,
or flight school 5 (GO TO F100V)

BUS/ASSO

An adult learning center 6 (GO TO BOX AFTER F100V)
A business or industry 7 (GO TO BOX AFTER F100V)
A professional association 8 (GO TO BOX AFTER F100V)

GOVMT

A federal, state, county, or local
government agency 9 (GO TO BOX AFTER F100V)
A public library 10 (GO TO BOX AFTER F100V)
A private community organization 11 (GO TO BOX AFTER F100V)
A church or religious organization 12 (GO TO BOX AFTER F100V)
A tutor or private instructor 13 (GO TO BOX AFTER F100V)
Some other organization 91 (GO TO BOX AFTER F100V)

OTHER

WR1PRVOS-
WR6PRVOS/R

SPECIFY _____

F100V. In what city and state is the school located?

WR1PRCTY-WR6PRCTY/R CITY _____

WR1PRVST-WR6PRVST/R STATE _____

*If A6 NE 1 (not worked in the past 12 months),
then go to box before F17.
If A7 = 1 and A8 NE 1 (self-employed only) or
A9 = 1 and D160V = 1 (work-study only),
then go to F16.*

F11. Was (DISPLAY PROVIDER STRING) also your employer?

WR1PREMP- YES 1
WR6PREMP NO 2

*If F11 = 1, autocode F12 = 1.
If F11 NE 1, ask F12.*

F12. ((Not counting your self-employment,)/(Not counting your assistantships, fellowships,
or work-study,)) Was your employer aware that you were taking or took this course?

WRAWARE1- YES 1
WRAWARE6 NO 2

If F12 NE 1, go to box after F13.

F13. Did your employer . . .

| | | YES | NO |
|-------------------|---|-----|----|
| WR1EMREQ-WR6EMREQ | a. Require you to take (COURSE NAME)? | 1 | 2 |
| WR1EMPWP-WR6EMPWP | b. Give you time off from work with or without pay? | 1 | 2 |
| WR1EMSPA-WR6EMSPA | c. Provide classroom space? | 1 | 2 |
| WR1EMPAY-WR6EMPAY | d. Pay all or part of the cost, including tuition, books, and other costs like transportation? | 1 | 2 |

*If F11 NE 1 and no F13b-d = 1 then go to F16.
If F11 = 1 (employer provided instruction) or
any F13b-d = 1 (support for career or job related) and
A9 = > 2 (more than one employer in the past 12
months), then autocode F14 = F9 and go to F15.
If F11 = 1 (employer provided instruction) or
any F13b-d = 1 (support for career or job related)
and A9 = 1 (one employer), then go to F15.
If F11 = 1, then copy F9 to F14. Do not ask F14.*

F14. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support for this course (including the instruction)?

WRPROVC1- NAME OF COMPANY _____
WRPROVC6/R

F15. Did you receive any employer support for this course because it was part of a union agreement?

| | | |
|-----------|---------------|---|
| WRUNION1- | YES | 1 |
| WRUNION6 | NO | 2 |

F16. If you had it to do again, would you take this course?

| | | |
|-----------|---------------|---|
| WRAGAIN1- | YES | 1 |
| WRAGAIN6 | NO | 2 |

*Return to box before F4 for next listed course.
After last F4 course has been cycled through, ask F17.*

F17. Did you participate in any other formal courses for your job or career during the past 12 months?

| | | | |
|---|---------------|---|-------------------------|
| * | YES | 1 | (MODIFY F3, BACK TO F4) |
| | NO | 2 | (GO TO G1) |

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For Non-Participants

F18. In the past 12 months, did you have an interest in taking any career or job related courses?

WRINTRST YES 1 (GO TO F19)
 NO 2 (GO TO BOX BEFORE F25)

F19. Would you say you were very interested, somewhat interested, or slightly interested in taking career or job related courses?

WRHOWINT VERY INTERESTED 1
 SOMEWHAT INTERESTED 2
 SLIGHTLY INTERESTED 3

F20. Of the career or job related courses that you were interested in, did you know of any courses you could have taken in the past 12 months?

WRKNOW YES 1 (GO TO F21)
 NO 2 (GO TO BOX BEFORE F25)

| |
|--|
| <i>If NUMKID10 = 0, do not display F21c.</i> |
|--|

F21. Now, I'm going to read a short list of things that may have prevented you from taking career or job related courses. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...

[PROBE: Was that a major, minor, or not an obstacle?]

[IF RESPONDENTS ANSWER "NO" IN F21e, ENTER "3" AND GO TO BOX BEFORE F25.

ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | MA | MI | NOT |
|-------------------|--|----|----|-----|
| WRPRTIME | a. Time | 1 | 2 | 3 |
| WRPRCOST | b. Money or cost | 1 | 2 | 3 |
| WRPRCHIL | c. Child care | 1 | 2 | 3 |
| WRPRTRAN | d. Transportation | 1 | 2 | 3 |
| WRPROTH | e. Was there any other obstacle? | 1 | 2 | 3 |
| WRPROTOS/R | What was that? _____ | | | |

WRPROTHC *PERSONAL/FAMILY PROBLEM* 1
 HEALTH PROBLEM 2
 DISTANCE/LOCATION 3
 AGE 4
 MOTIVATION 5
 AVAILABILITY OF COURSES 6
 QUALIFICATION/REQUIREMENTS 7
 WORK 8
 OTHER 9

*If only one major in F21,
 autocode F22 = F21 major.
 Else, display categories rated major in F21.
 If only one minor and no major in F21,
 autocode F22 = F21 minor.
 Else, display categories rated minor in F21.
 If no major and no minor in F21, go to box before F25.*

F22.

[DISPLAY RESPONSES IN F21]

Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking career or job related courses?

WRPRGEN

| | | |
|------------------------------|---|------------------------|
| TIME | 1 | (GO TO F23A) |
| MONEY OR COST | 2 | (GO TO F23A) |
| CHILD CARE | 3 | (GO TO F23A) |
| TRANSPORTATION | 4 | (GO TO F23A) |
| (RESPONSE IN F21e) | 5 | (GO TO BOX BEFORE F25) |

*If A6 NE 1 (not worked in the past 12 months),
 do not display F23Ac and F23Ad.
 If NUMKID10 = 0, do not display F23Bc.
 If F23Ag, F23Be, F23Cc, F23Dd = 1 or 2,
 collect verbatim responses.*

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F23.

[DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN F22]

Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking career or job related courses. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...

[PROBE: Was that a major, minor, or not an obstacle?]

[IF RESPONDENTS ANSWER "NO" IN F23Ag, F23Be, F23Cc, F23Dd, ENTER "3" AND GO TO BOX BEFORE F25.

ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

| | | MA | MI | NOT |
|------------|---|----|----|-----|
| | <u>A. TIME</u> | | | |
| WRTIFAM | a. A desire to spend time with your family. | 1 | 2 | 3 |
| WRTICHOR | b. A need to take care of family duties or chores around the house | 1 | 2 | 3 |
| WRTICLHR | c. Being unable to take courses offered only during work hours | 1 | 2 | 3 |
| WRTIWORK | d. Work responsibilities that do not permit you to take courses either during or after work hours | 1 | 2 | 3 |
| WRTIACTI | e. Activities outside of work that conflict with course schedule | 1 | 2 | 3 |
| WRTITRAV | f. The travel time to and from courses | 1 | 2 | 3 |
| WRTIOTH | g. Another time related problem | 1 | 2 | 3 |
| WRSPOTOS/R | What was that? _____ | | | |
| | <u>B. MONEY OR COST</u> | | | |
| WRMOTUIT | a. The amount of tuition and fees for courses . . | 1 | 2 | 3 |
| WRMOBOOK | b. The cost of books and supplies for courses . . | 1 | 2 | 3 |
| WRMOCHIL | c. The cost of child care. | 1 | 2 | 3 |
| WRMOTRAN | d. The cost of transportation. | 1 | 2 | 3 |
| WRMOOTH | e. Another money or cost related problem | 1 | 2 | 3 |
| WRSPOTOS/R | What was that? _____ | | | |
| | <u>C. CHILD CARE</u> | | | |
| WRCHCOST | a. The cost of child care. | 1 | 2 | 3 |
| WRCHAVAL | b. The availability of child care. | 1 | 2 | 3 |
| WRCHOTH | c. Another problem with child care | 1 | 2 | 3 |
| WRSPOTOS/R | What was that? _____ | | | |
| | <u>D. TRANSPORTATION</u> | | | |
| WTRCOST | a. The cost of transportation. | 1 | 2 | 3 |
| WTRAVAL | b. The availability of transportation. | 1 | 2 | 3 |
| WTRTIME | c. The travel time to and from courses | 1 | 2 | 3 |
| WRTROTH | d. Another problem with transportation | 1 | 2 | 3 |
| WRSPOTOS/R | What was that? _____ | | | |

*If only one major in F23, autocode F24 = F23 major.
Else, display only categories rated major in F23.
If only one minor and no major in F23,
autocode F24 = F23 minor.
Else, display only categories rated minor in F23.
If no major and no minor in F23,
go to box before F25.*

F24. [DISPLAY CATEGORIES IN F23]
 Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?
 WRPRSPEC [IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME

- A DESIRE TO SPEND TIME WITH YOUR FAMILY 1
- A NEED TO TAKE CARE OF FAMILY DUTIES
OR CHORES AROUND THE HOUSE 2
- BEING UNABLE TO TAKE COURSES OFFERED
ONLY DURING WORK HOURS 3
- WORK RESPONSIBILITIES THAT DO NOT
PERMIT YOU TO TAKE COURSES EITHER DURING
OR AFTER WORK HOURS 4
- ACTIVITIES OUTSIDE OF WORK THAT
CONFLICT WITH COURSE SCHEDULE 5
- THE TRAVEL TIME TO AND FROM COURSES 6
- (VERBATIM RESPONSE IN F23Ag) 7

B. MONEY OR COST

- THE AMOUNT OF TUITION AND FEES FOR COURSES 8
- THE COST OF BOOKS AND SUPPLIES FOR COURSES 9
- THE COST OF CHILD CARE 10
- THE COST OF TRANSPORTATION 11
- (VERBATIM RESPONSE IN F23Be) 12

C. CHILD CARE

- THE COST OF CHILD CARE 13
- THE AVAILABILITY OF CHILD CARE 14
- (VERBATIM RESPONSE IN F23Cc) 15

D. TRANSPORTATION

- THE COST OF TRANSPORTATION 16
- THE AVAILABILITY OF TRANSPORTATION 17
- THE TRAVEL TIME TO AND FROM COURSES 18
- (VERBATIM RESPONSE IN F23Dd) 19

*If A6 = 1 (worked in the past 12 months) and (A7 NE 1
or A9 = 1) (not self-employed only),
then ask F25. Else, go to G1.*

F25. Did your employer offer any career or job related courses?

- WREMPOFF
- YES 1
 - NO 2

G. OTHER FORMAL STRUCTURED ACTIVITIES

- G1. Now, I am going to ask about any other courses where there was an instructor. (Please don't repeat any courses (and programs) you have already told us about.) These might include things like arts and crafts, sports or recreation, first aid or childbirth, Bible study, or any other types of courses we haven't talked about yet. Did you take any of these or other courses in the past 12 months?

SAACTY YES 1 (GO TO G2)
NO 2 (GO TO BOX BEFORE H1)

For Participants

- G2. Altogether, how many of these courses did you take during the past 12 months?

*(see note below) NUMBER ☐☐

- SACOURSE. Now, I'm going to ask about the name(s) and general subject matter of the course(s) you took. By general subject matter we mean the broad topic area, such as health, arts and crafts, sports, and so on.

- G3. What was the course name(s) and what was the general subject matter for (this/each) course?

| | | |
|-----------|------------|---------------|
| SANAME1- | NAME _____ | SUBJECT _____ |
| SANAME3/R | NAME _____ | SUBJECT _____ |
| SASUBJ1- | NAME _____ | SUBJECT _____ |
| SASUBJ3/R | NAME _____ | SUBJECT _____ |

For Each Selected Course

- G4. (Rather than asking you to tell us about all these courses, the computer has selected some of them automatically.) Let's start with (COURSE NAME). What was the main reason you took part in (COURSE NAME)?
[PROBE: READ LIKELY ANSWER(S)]

| | | |
|-----------|--|--|
| SAREASO1- | TO IMPROVE, ADVANCE, OR KEEP UP TO DATE | |
| SAREASO3 | ON CURRENT JOB 1 | |
| | TO TRAIN FOR A NEW JOB OR A NEW CAREER 2 | |
| | TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3 | |
| | TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION 4 | |
| | A PERSONAL, FAMILY, OR SOCIAL REASON 5 | |
| SA1RSN2- | SOME OTHER MAIN REASON 91 | |
| SA3RSN2/R | SPECIFY _____ | |

NOTE: Respondents' answers to item G2 do not exist on the data file. Instead, a derived variable called SANEW is included on the file which is a count of the number of other formal structured courses reported at item G3. SANEW appears in the derived variable section of the data file.

G5. Did you have the same main reason for participating in the other course(s)?

* YES 1
NO 2

If G5 = 1, autocode G4 for each additional course.

G6. [DISPLAY PREVIOUS PROVIDERS, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for (COURSE NAME)?

SAPROVI1- INSTRUCTIONAL PROVIDER _____
SAPROVI3/R

*If provider is same and previously coded,
copy information to G7, G7OV and,
if A6 = 1 (worked in the past 12 months), to G8.*

G7. [DISPLAY PROVIDER STRING]
Would that be...?

SA1PRCTY- [READ LIKELY ANSWER(S)]
SA3PRCTY

| | | | |
|-----------------|--|----|------------------------|
| <u>SCHOOL</u> | An elementary school, junior high school, or high school | 1 | (GO TO BOX AFTER G7OV) |
| | A 2-year community or junior college | 2 | (GO TO G7OV) |
| | A public 2-year vocational school or technical institute | 3 | (GO TO G7OV) |
| | A 4-year college or university | 4 | (GO TO G7OV) |
| | A private vocational, trade, business, hospital, or flight school | 5 | (GO TO G7OV) |
| <u>BUS/ASSO</u> | An adult learning center | 6 | (GO TO BOX AFTER G7OV) |
| | A business or industry | 7 | (GO TO BOX AFTER G7OV) |
| | A professional association | 8 | (GO TO BOX AFTER G7OV) |
| <u>GOVMT</u> | A federal, state, county, or local government agency | 9 | (GO TO BOX AFTER G7OV) |
| | A public library | 10 | (GO TO BOX AFTER G7OV) |
| <u>PRIVATE</u> | A private community organization | 11 | (GO TO BOX AFTER G7OV) |
| | A church or religious organization | 12 | (GO TO BOX AFTER G7OV) |
| | A tutor or private instructor | 13 | (GO TO BOX AFTER G7OV) |
| <u>OTHER</u> | Some other organization | 91 | (GO TO BOX AFTER G7OV) |

SA1PRVOS- SPECIFY _____
SA3PRVOS/R

G7OV. In what city and state is the school located?

SA1PRCTY-SA3PRCTY/R CITY _____
SA1PRVST-SA3PRVST/R STATE _____

If A6 NE 1 (not worked in the past 12 months),
then go to G9.
If A7 = 1 and A8 NE 1 (self-employed only) or
A9 = 1 and D16OV = 1 (work-study only), go to G9.

G8. Was that also your employer?

SA1PREMP- YES 1
SA3PREMP NO 2

G9. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (COURSE NAME)?

SATUIT01- AMOUNT \$□□,□□□
SATUIT03

G10. In the past 12 months, how many weeks did you attend (COURSE NAME)?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

SAWHEN1- NUMBER □□
SAWHEN3
SAWHNUN1- Unit
SAWHNUN3 DAYS 1 (GO TO G11)
WEEKS 2 (GO TO G11)
MONTHS 3 (GO TO G11)
SEMESTER 4 (GO TO G11)
QUARTER 5 (GO TO G11)
SA1WHNOS- OTHER 91 (GO TO G10OV)
SA3WHNOS/R SPECIFY _____

G10OV. How many weeks was that?

SAWKS1- WEEKS □□
SAWKS3

Collect number; autocode unit.

G11. For about how many hours (per day/per week) did you attend?

SAHRS1- NUMBER □□
SAHRS3
SAHRUNT1- Unit
SAHRUNT3 PER DAY 1
PER WEEK 2

After last G3 course has been cycled through, ask G12.

G12. Did you participate in any other courses with an instructor during the past 12 months?

* YES 1 (MODIFY G3, BACK TO G4)
NO 2 (GO TO BOX)

*If A6 NE 1 (not worked in the past 12 months),
go to box before H1.
If A7 = 1 and A8 NE 1 (self-employed only) or
A9 = 1 and D16OV = 1 (work-study only),
go to box before H1.*

G13. ((Not counting your self-employment,)/(Not counting your assistantships, fellowships, or work-study,)) Did your employer provide any support to take (this course/any of the courses)?

| | | | |
|------------|-----------|---|-----------------------|
| SAEMPSUP | YES | 1 | (GO TO G14) |
| SAEMSUP1- | NO | 2 | (GO TO BOX BEFORE I1) |
| SAEMSUP3/R | | | |

G14. Did you receive any employer support to take (this course/any of the courses) because it was part of a union agreement?

| | | |
|------------|-----------|---|
| SAUNION | YES | 1 |
| SAUNION1- | NO | 2 |
| SAUNION3/R | | |

H. COMPUTER-ONLY OR INTERACTIVE VIDEO-ONLY INSTRUCTION ON THE JOB

*If A6 NE 1 (not worked in the past 12 months),
then go to I1.*

- H1. At your job during the past 12 months, did you learn to do any specific tasks for your job using computer-based or interactive video instruction, where you worked only with a computer or interactive video without an instructor present?

| | | | |
|--------|---|---|------------|
| CVONLY | COMPUTER INSTRUCTION | 1 | (GO TO H2) |
| | INTERACTIVE VIDEO INSTRUCTION | 2 | (GO TO H2) |
| | BOTH | 3 | (GO TO H2) |
| | NONE | 4 | (GO TO I1) |

For Participants

- H2. Altogether, how many of these computer or video activities did you do during the past 12 months?

CVNUM NUMBER ☐☐

- H3. (On average,) How many hours did you spend on (each/that) computer or video activity?

CVHRS NUMBER ☐☐

I. REMAINING BACKGROUND

DEMOGRAPHIC AND RELATED CHARACTERISTICS

11. Now, I would like to ask you some additional background questions. In what month and year were you born?

| | | |
|--------|---|--|
| ADOBMM | MONTH <input type="checkbox"/> <input type="checkbox"/> | YEAR <input type="checkbox"/> <input type="checkbox"/> |
| ADOBYY | | |

| | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH | 9 | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

12. Are you....

| | | |
|-----------|---|----|
| ARACE | White, | 1 |
| | Black, | 2 |
| | American Indian or Alaska Native, | 3 |
| | Asian or Pacific Islander, or | 4 |
| | Another race? | 91 |
| ARACEOS/R | What is that? _____ | |

13. Are you of Hispanic origin?

| | | |
|----------|-----------|---|
| AHISPANI | YES | 1 |
| | NO | 2 |

14. What is your marital status?

| | | |
|----------|-------------------------|---|
| AMARSTAT | MARRIED/REMARRIED | 1 |
| | SEPARATED | 2 |
| | DIVORCED | 3 |
| | WIDOWED | 4 |
| | NEVER MARRIED | 5 |

15. In what country were you born?

| | | | |
|------------|---|---|------------|
| BORNUS | UNITED STATES (50 STATES OR D.C.) | 1 | (GO TO 18) |
| | U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS | 2 | (GO TO 16) |
| BORNUOS1/R | SPECIFY _____ | | |
| | SOME OTHER COUNTRY | 3 | (GO TO 16) |
| BORNUOS2/R | SPECIFY _____ | | |

16. How old were you when you first moved to the (United States/50 states or the District of Columbia)?

| | | |
|---------|-----------|---|
| MOVEAGE | AGE | <input type="checkbox"/> <input type="checkbox"/> |
|---------|-----------|---|

If 15 = 2, then go to 18.

17. Are you a United States citizen?

CITIZEN YES 1 (GO TO I8)
NO 2 (GO TO I10)

18. Did you ever serve in the U.S. Armed Forces on active duty? This does not include the National Guard or Reserves.

MILITARY YES 1 (GO TO I9)
NO 2 (GO TO I10)

19. What year were you discharged from active duty?

MILIDISC YEAR ☐☐

110. Do you have any certification or licensure for a job you have now?

IBCERNOW YES 1 (GO TO I11)
NO 2 (GO TO I12)

111. What is that?

IBCERNOS/R SPECIFY _____

112. Do you have any (other) certification or licensure to practice a trade or profession?

IBCERT YES 1 (GO TO I13)
NO 2 (GO TO I14)

113. What is that called?

IBCERTOS/R SPECIFY _____

114. Does your occupation have legal or professional requirements for continuing training or education?

REQUIRMN YES 1
NO 2

CURRENT LABOR FORCE STATUS

*If A9 = 1 and D16OV = 1
(currently receiving work-study), go to WRINTRO.
If A6 = 2 (not worked in the past 12 months),
autocode I15 = 2 and I16 = 2, then ask I17.*

115. Now, I would like to ask about your work experience. (Not counting assistantships, fellowships, or work-study,) During the past week, did you work at a job for pay or income?

IBWORK YES 1 (GO TO BOX BEFORE I23)
NO 2 (GO TO I16)
RETIRED 3 (GO TO I22)

I16. Were you on leave or vacation from a job during the past week?

IBLEAVE YES 1 (GO TO BOX BEFORE I23)
NO 2 (GO TO I17)

I17. Have you been actively looking for work in the past 4 weeks?

JOBLOOK YES 1 (GO TO I18)
NO 2 (GO TO I19)

I18. What have you been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY]

JOBPUBL CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1 (GO TO I20)
JOBPRIV CHECKED WITH PRIVATE EMPLOYMENT AGENCY 1 (GO TO I20)
JOBEMPL CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 1 (GO TO I20)
JOBREL CHECKED WITH FRIENDS OR RELATIVES 1 (GO TO I20)
JOBANSAD PLACED OR ANSWERED ADS/SENT RESUME 1 (GO TO I20)
JOBREAD READ WANT ADS 1 (GO TO I19)
JOBOTHER SOMETHING ELSE 1 (GO TO I19)
JOBOTHOS/R What was that? _____

I19. What were you doing most of last week? Would you say...

JOBACTY Keeping house or caring for children, 1
Going to school, 2
Retired, 3
Unable to work, or 4
Something else? 91
JOBACTOS/R What was that? _____

*If I19 = 3 (Retired), go to I22.
Else if I18 = 91 (Did something else), go to I20.
Else, go to box after I20.*

I20. Could you have taken a job last week if one had been offered?

JOBTAKE YES 1
NO 2

*If A6 = 1 (employed in the past 12 months),
then go to box before I23.*

WORK EXPERIENCE IN THE PAST

WRINTRO. Now, a few questions about your work experience in the past. (Please do not include your assistantships, fellowships, or work-study program.)

I21. Have you ever worked at a job for pay or income?

JOBEVER YES 1 (GO TO I22)
NO 2 (GO TO BOX BEFORE I36)

I22. In what year did you leave your last job?

LEAVEYY YEAR 19□□

*If A9 = 1 and D16OV = 1 (work-study only),
go to box before I36.
If I22 < 91 (left job in 1990 or earlier),
go to box before I36. Else, ask I23.*

I23. (For about how long all together (have/did) you work(ed) for your (current/most recent) employer (THE ONE WHERE YOU EARN(ED) THE MOST INCOME?) (How long have you been self-employed?)

WORKNUM NUMBER □□

WORKUNT Unit
WEEKS 1
MONTHS 2
YEARS 3

WORK EXPERIENCE IN THE PAST 12 MONTHS

If A6 NE 1, autocode I24 = 0 and go to box before I36.

I24. How many months have you worked for pay or income in the past 12 months?

IBWORKMO MONTHS □□

If I24 = 12, then go to box before I26.

I25. At any time during the past 12 months, have you been unemployed and looking for work for as long as a month?

UNEMLOOK YES 1
NO 2

CHARACTERISTICS OF CURRENT EMPLOYMENT

*If I15 NE 1 (not worked in the past week) and
I16 NE 1 (not on leave or vacation), go to I30.
Else, ask I26.*

126. Were you working at more than one job for pay or income at the same time in the past week?

[IF ON VACATION OR LEAVE, ASK ABOUT LAST WEEK WORKED.]

JOBMORE YES 1
NO 2

127. About how many total hours per week do you usually work for pay or income (counting all jobs)?

[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

PAYHRS WEEKLY HOURS ☐ ☐

*Ask 128 except if A7 = 1 and
A8 NE 1 (self-employed only) and go to 130.
Else, ask 129 if A7 = 1 and A8 NE 1
(self-employed only).*

128. Are you eligible for the following benefits through (any of) your current job(s)?

| | | YES | NO |
|----------|--|-----|----|
| MEDICAL | a. Medical or hospital insurance? | 1 | 2 |
| SICKPAY | b. Sick leave with full pay? | 1 | 2 |
| VACATPAY | c. Vacation with full pay? | 1 | 2 |
| RETIRMNT | d. Pension plan or retirement program? | 1 | 2 |

129. Do you have the following benefits as a part of your business of being self-employed?

| | | YES | NO |
|----------|--|-----|----|
| MEDICAL | a. Medical or hospital insurance? | 1 | 2 |
| RETIRMNT | b. Pension plan or retirement program? | 1 | 2 |

CHARACTERISTICS OF CURRENT OR PAST EMPLOYMENT

130. (Counting all jobs,) About how much (do/did) you earn before taxes and other deductions (when you last worked)?

EARNAMT AMOUNT \$,

EARNUNT Per
HOUR 1
DAY 2
WEEK 3
BI WEEKLY 4
MONTH 5
YEAR 6
OTHER 91
What (is/was) that? _____

EARNUNOS/R

*Ask I31a or (I31b and I31c) and I32 for all current employers or most recent employer if not employed now.
Ask I31a or (I31b and I31c) and I32 for each reported company which provided instruction or support.
If A9 = 1 (one employer in the past 12 months), display I31a. Else, display I31b and I31c.
If D160V = 1 and A9 = 1 (only work study), go to box before I36.*

131. a. (Where (do/did) you work (when you were last employed) and what kind of business or industry (is/was) that?) (What (is/was) the name of your company and what kind of business or industry (is/was) that?)
[EMPLOYER PROBE: Name of the company, business, organization, or other employer.]
[BUSINESS/INDUSTRY PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.]

EMPLNAM1-EMPLNAM5/R NAME OF COMPANY _____
INDUSTR1-INDUSTR5/R TYPE OF INDUSTRY _____

- b. [DISPLAY ALL COMPANIES CODED EARLIER]
For whom (do/did) you work (when you were last employed)?
[PROBE: Name of the company, business, organization, or other employer.]

EMPLNAM1-EMPLNAM5/R NAME OF COMPANY _____

- c. Now, let's talk about (COMPANY NAME). What kind of business or industry (is/was) that?
[PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.]

INDUSTR1-INDUSTR5/R NAME OF INDUSTRY _____

132. What (is/was) your job title and what (are/were) your most important duties?
[JOB PROBE: For example, electrical engineer, stock clerk, typist, or farmer]
[IMPORTANT DUTY PROBE: For example, typing, keeping account book, filing, selling cars, operating printing press, and finishing concrete.]

PROFESS1-PROFESS5/R JOB TITLE _____
DUTIES1-DUTIES5/R IMPORTANT DUTY _____

*Return to box before I31 for next listed company.
After last company has been cycled through, ask I33.
If A7 = 1 and A8 NE 1 (self-employed only), then to box before I36.*

133. Are you currently a member of a labor union or of a labor organization?

LABUNION YES 1 (GO TO I34)
NO 2 (GO TO BOX BEFORE I35)

I34. Are you currently covered by a union contract?

| | | |
|----------|---------------|---|
| UNIONCON | YES | 1 |
| | NO | 2 |

*If currently employed, ask I35.
Else, go to box after I35.*

I35. Thinking about the next 12 months, how likely do you think it is that you will lose your job or be laid off? Would you say...

| | | |
|---------|------------------------------|---|
| LAIDOFF | Very likely, | 1 |
| | Fairly likely, | 2 |
| | Not too likely, or | 3 |
| | Not at all likely? | 4 |

LANGUAGE SKILLS

*Ask I36 if A11 NE 1 (main language was not English).
Else, ask J1.*

I36. Now, a couple of questions about your language skills. How well do you read English? Would you say...

| | | |
|----------|------------------------|---|
| READENGL | Very well, | 1 |
| | Well, | 2 |
| | Not well, or | 3 |
| | Not at all? | 4 |

I37. How well do you write English? Would you say . . .

| | | |
|----------|------------------------|---|
| WRITENGL | Very well, | 1 |
| | Well, | 2 |
| | Not well, or | 3 |
| | Not at all? | 4 |

J. HOUSEHOLD CHARACTERISTICS

HHINTRO. Finally, a few questions about your household.

J1. Do you...

HOWNHOME Own your home, 1
 Rent your home, or 2
 Have some other arrangement? 3

J2. Besides (PHONE NUMBER), do you have other telephone numbers in your household?

HOTHNUM YES 1 (GO TO J3)
 NO 2 (GO TO J4)

J3. How many of these additional telephone numbers are for home use?

HNUMUSE NUMBER ☐☐

J4. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

HPHONSVC YES 1 (GO TO J5)
 NO 2 (GO TO J6)

J5. What was the total amount of time your household was without telephone service in the past 12 months?

HSVCNUM NUMBER ☐☐

HSVCUNIT DAYS 1
 WEEKS 2
 MONTHS 3

J6. So that we can group households geographically, may I have your ZIP code?

STFZIP/R ZIP CODE ☐☐☐☐☐

Ask J7 if NUMKID10 > 0 (number of children age 10 or younger). Else, go to J8.

J7. In the past 12 months, has your family received funds or services from any of the following programs? How about...

| | | YES | NO |
|---------|--|-----|----|
| HWIC | a. Women, Infants, and Children, or WIC? | 1 | 2 |
| HFOODst | b. Food Stamps? | 1 | 2 |
| HAFDC | c. AFDC, or Aid to Families with Dependent Children? | 1 | 2 |

J8. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it....

HINCMRNG \$25,000 or less, or 1 (READ SET 1)
 More than \$25,000? 2 (READ SET 2)

Was it...

HINCOME [SET 1]
 \$5,000 or less 1
 \$5,001 to \$10,000 2
 \$10,001 to \$15,000 3
 \$15,001 to \$20,000, or 4
 \$20,001 to \$25,000? 5

 [SET 2]
 \$25,001 to \$30,000 6
 \$30,001 to \$35,000 7
 \$35,001 to \$40,000 8
 \$40,001 to \$50,000 9
 \$50,001 to \$75,000, or 10
 Over \$75,000? 11

Ask J8OV if

*(Number in HH = 2 and HINCOME = 2) or
 (Number in HH = 3 and HINCOME = 3) or
 (Number in HH = 4 and HINCOME = 3) or
 (Number in HH = 5 and HINCOME = 4) or
 (Number in HH = 6 and HINCOME = 4) or
 (Number in HH = 7 and HINCOME = 5) or
 (Number in HH = 8 and HINCOME = 5) or
 (Number in HH = 9 and HINCOME = 6) or
 (Number in HH = 10 and HINCOME = 6) or
 (Number in HH = 11 and HINCOME = 7) or
 (Number in HH = 12 and HINCOME = 7).*

J8OV. What was your household income last year, to the nearest thousand?

HINCMEXT INCOME \$□□,□□□

CLOSE. Those are all the questions I have about you. Please hold on for a moment while I check to see if there is anyone else I need to ask about, [or anyone else I need to speak with].

Listing of NCES Working Papers to Date

Please contact Ruth R. Harris at (202) 219-1831
if you are interested in any of the following papers

| <u>Number</u> | <u>Title</u> | <u>Contact</u> |
|---------------|--|----------------|
| 94-01 (July) | Schools and Staffing Survey (SASS) Papers Presented at Meetings of the American Statistical Association | Dan Kasprzyk |
| 94-02 (July) | Generalized Variance Estimate for Schools and Staffing Survey (SASS) | Dan Kasprzyk |
| 94-03 (July) | 1991 Schools and Staffing Survey (SASS) Reinterview Response Variance Report | Dan Kasprzyk |
| 94-04 (July) | The Accuracy of Teachers' Self-reports on their Postsecondary Education: Teacher Transcript Study, Schools and Staffing Survey | Dan Kasprzyk |
| 94-05 (July) | Cost-of-Education Differentials Across the States | William Fowler |
| 94-06 (July) | Six Papers on Teachers from the 1990-91 Schools and Staffing Survey and Other Related Surveys | Dan Kasprzyk |
| 94-07 (Nov.) | Data Comparability and Public Policy: New Interest in Public Library Data Papers Presented at Meetings of the American Statistical Association | Carrol Kindel |
| 95-01 (Jan.) | Schools and Staffing Survey: 1994 Papers Presented at the 1994 Meeting of the American Statistical Association | Dan Kasprzyk |
| 95-02 (Jan.) | QED Estimates of the 1990-91 Schools and Staffing Survey: Deriving and Comparing QED School Estimates with CCD Estimates | Dan Kasprzyk |
| 95-03 (Jan.) | Schools and Staffing Survey: 1990-91 SASS Cross-Questionnaire Analysis | Dan Kasprzyk |
| 95-04 (Jan.) | National Education Longitudinal Study of 1988: Second Follow-up Questionnaire Content Areas and Research Issues | Jeffrey Owings |
| 95-05 (Jan.) | National Education Longitudinal Study of 1988: Conducting Trend Analyses of NLS-72, HS&B, and NELS:88 Seniors | Jeffrey Owings |

Listing of NCES Working Papers to Date--Continued

| <u>Number</u> | <u>Title</u> | <u>Contact</u> |
|---------------|---|--------------------------------|
| 95-06 (Jan.) | National Education Longitudinal Study of 1988: Conducting Cross-Cohort Comparisons Using HS&B, NAEP, and NELS:88 Academic Transcript Data | Jeffrey Owings |
| 95-07 (Jan.) | National Education Longitudinal Study of 1988: Conducting Trend Analyses HS&B and NELS:88 Sophomore Cohort Dropouts | Jeffrey Owings |
| 95-08 (Feb.) | CCD Adjustment to the 1990-91 SASS: A Comparison of Estimates | Dan Kasprzyk |
| 95-09 (Feb.) | The Results of the 1993 Teacher List Validation Study (TLVS) | Dan Kasprzyk |
| 95-10 (Feb.) | The Results of the 1991-92 Teacher Follow-up Survey (TFS) Reinterview and Extensive Reconciliation | Dan Kasprzyk |
| 95-11 (Mar.) | Measuring Instruction, Curriculum Content, and Instructional Resources: The Status of Recent Work | Sharon Bobbitt & John Ralph |
| 95-12 (Mar.) | Rural Education Data User's Guide | Samuel Peng |
| 95-13 (Mar.) | Assessing Students with Disabilities and Limited English Proficiency | James Houser |
| 95-14 (Mar.) | Empirical Evaluation of Social, Psychological, & Educational Construct Variables Used in NCES Surveys | Samuel Peng |
| 95-15 (Apr.) | Classroom Instructional Processes: A Review of Existing Measurement Approaches and Their Applicability for the Teacher Follow-up Survey | Sharon Bobbitt |
| 95-16 (Apr.) | Intersurvey Consistency in NCES Private School Surveys | Steven Kaufman |
| 95-17 (May) | Estimates of Expenditures for Private K-12 Schools | Stephen Broughman |
| 95-18 (Nov.) | An Agenda for Research on Teachers and Schools: Revisiting NCES' Schools and Staffing Survey | Dan Kasprzyk |
| 96-01 (Jan.) | Methodological Issues in the Study of Teachers' Careers: Critical Features of a Truly Longitudinal Study | Dan Kasprzyk |

Listing of NCES Working Papers to Date--Continued

| <u>Number</u> | <u>Title</u> | <u>Contact</u> |
|---------------|---|----------------|
| 96-02 (Feb.) | Schools and Staffing Survey (SASS): 1995 Selected papers presented at the 1995 Meeting of the American Statistical Association | Dan Kasprzyk |
| 96-03 (Feb.) | National Education Longitudinal Study of 1988 (NELS:88) Research Framework and Issues | Jeffrey Owings |
| 96-04 (Feb.) | Census Mapping Project/School District Data Book | Tai Phan |
| 96-05 (Feb.) | Cognitive Research on the Teacher Listing Form for the Schools and Staffing Survey | Dan Kasprzyk |
| 96-06 (Mar.) | The Schools and Staffing Survey (SASS) for 1998-99: Design Recommendations to Inform Broad Education Policy | Dan Kasprzyk |
| 96-07 (Mar.) | Should SASS Measure Instructional Processes and Teacher Effectiveness? | Dan Kasprzyk |
| 96-08 (Apr.) | How Accurate are Teacher Judgments of Students' Academic Performance? | Jerry West |
| 96-09 (Apr.) | Making Data Relevant for Policy Discussions: Redesigning the School Administrator Questionnaire for the 1998-99 SASS | Dan Kasprzyk |
| 96-10 (Apr.) | 1998-99 Schools and Staffing Survey: Issues Related to Survey Depth | Dan Kasprzyk |
| 96-11 (June) | Towards an Organizational Database on America's Schools: A Proposal for the Future of SASS, with comments on School Reform, Governance, and Finance | Dan Kasprzyk |
| 96-12 (June) | Predictors of Retention, Transfer, and Attrition of Special and General Education Teachers: Data from the 1989 Teacher Followup Survey | Dan Kasprzyk |
| 96-13 (June) | Estimation of Response Bias in the NHES:95 Adult Education Survey | Steven Kaufman |
| 96-14 (June) | The 1995 National Household Education Survey: Reinterview Results for the Adult Education Component | Steven Kaufman |
| 96-15 (June) | Nested Structures: District-Level Data in the Schools and Staffing Survey | Dan Kasprzyk |

Listing of NCES Working Papers to Date--Continued

| <u>Number</u> | <u>Title</u> | <u>Contact</u> |
|---------------|---|-------------------|
| 96-16 (June) | Strategies for Collecting Finance Data from Private Schools | Stephen Broughman |
| 96-17 (July) | National Postsecondary Student Aid Study: 1996 Field Test Methodology Report | Andrew G. Malizio |
| 96-18 (Aug.) | Assessment of Social Competence, Adaptive Behaviors, and Approaches to Learning with Young Children | Jerry West |
| 96-19 (Oct.) | Assessment and Analysis of School-Level Expenditures | William Fowler |
| 96-20 (Oct.) | 1991 National Household Education Survey (NHES:91) Questionnaires: Screener, Early Childhood Education, and Adult Education | Kathryn Chandler |
| 96-21 (Oct.) | 1993 National Household Education Survey (NHES:93) Questionnaires: Screener, School Readiness, and School Safety and Discipline | Kathryn Chandler |
| 96-22 (Oct.) | 1995 National Household Education Survey (NHES:95) Questionnaires: Screener, Early Childhood Program Participation, and Adult Education | Kathryn Chandler |





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